

Commonwealth of Kentucky
Personnel Cabinet

Health Insurance Program Monthly Report



Prepared for

Kentucky Group Health Insurance
Board Members

August 2009

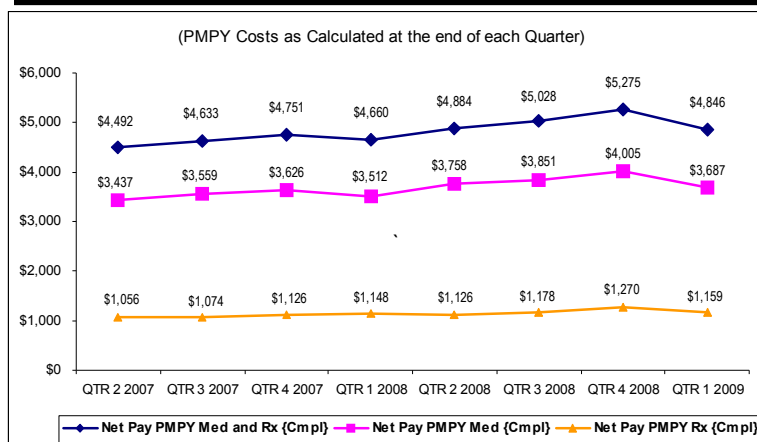
DASHBOARD REPORT: BASED ON INCURRED CLAIMS

Includes Projections for Incurred, but Not yet Reported Claims (IBNR or CMPL)

Enrollment

Fact	Apr 2008 - Mar 2009	Apr 2007 - Mar 2008	% Change
Employees Avg Med	154,982	151,819	2.10%
Members Avg Med	253,712	246,785	2.80%
Family Size Avg	1.6	1.6	0.70%
Member Age Avg	35.8	36.4	-1.70%

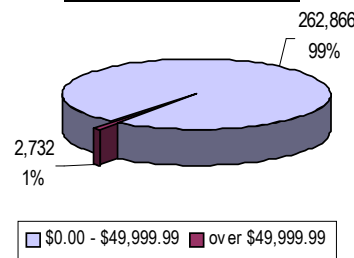
Net Incurred Claims Cost Per Member



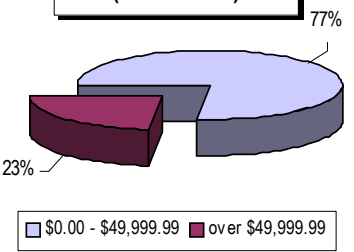
High Cost Claimants

April 08 - March 09

% of High Cost Patients



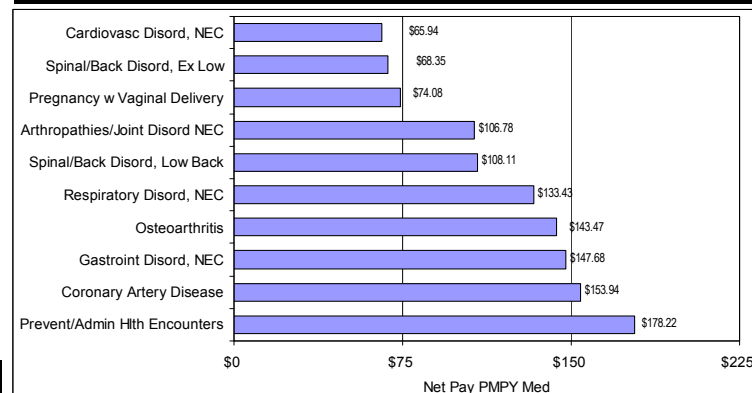
% of Total Net Payments (Med and Rx)



Prescription Drug Programs

	Fact	Apr 2007 - Mar 2008	Apr 2008 - Mar 2009	% Change
Mail Order	Discount Off AWP % Rx	36.96%	40.06%	8.40%
	Scripts Generic Efficiency Rx	90.86%	91.13%	0.30%
Retail	Discount Off AWP % Rx	37.70%	39.49%	4.75%
	Scripts Generic Efficiency Rx	93.63%	93.70%	0.08%
Total	Discount Off AWP % Rx	37.58%	39.58%	5.32%
	Scripts Generic Efficiency Rx	93.47%	93.57%	0.10%
	Scripts Maint Rx % Mail Order	7.83%	7.74%	-1.13%

Top 10 Clinical Conditions



Allowed Claims Costs PMPY with Norms

	Apr 2007 - Mar 2008	Apr 2008 - Mar 2009	Trend	Recent US Norm	Comp to Norm
Allow Amt PMPY Med {Cmpl}	\$3,949.34	\$4,268.23	8%	\$3,505.24	17.88%
Allow Amt PMPY IP Acute {Cmpl}	\$1,089.86	\$1,191.08	9%	N/A	N/A
Allow Amt PMPY OP Med {Cmpl}	\$2,849.03	\$3,065.73	8%	\$2,356.18	23.14%
Allow Amt PMPY OP Fac Med {Cmpl}	\$1,338.02	\$1,498.52	12%	N/A	N/A
Allow Amt PMPY Office Med {Cmpl}	\$986.85	\$1,021.49	4%	\$0.00	N/A
Allow Amt PMPY OP Lab {Cmpl}	\$244.83	\$266.58	9%	\$0.00	N/A
Allow Amt PMPY OP Rad {Cmpl}	\$493.14	\$529.32	7%	\$0.00	N/A
Out of Pocket PMPY Med {Cmpl}	\$339.91	\$371.96	9%	\$489.65	-31.64%
Allow Amt PMPY Rx {Cmpl}	\$1,310.95	\$1,392.16	6%	\$971.50	30.22%
Out of Pocket PMPY Rx {Cmpl}	\$205.38	\$198.02	-4%	\$0.00	N/A

Cost Drivers Support

Fact	Apr 2007 - Mar 2008	Apr 2008 - Mar 2009	% Change
Allow Amt Per Day Adm Acute	\$3,076.52	\$3,321.31	7.96%
Days Per 1000 Adm Acute	346.49	348.99	0.72%
Allow Amt Per Visit OP Fac Med	\$744.67	\$808.99	8.64%
Visits Per 1000 OP Fac Med	1,796.80	1,836.67	2.22%
Allow Amt Per Visit Office Med	\$114.53	\$116.34	1.59%
Visits Per 1000 Office Med	8,616.13	8,693.32	0.90%
Allow Amt Per Day Supply Rx	\$2.25	\$2.38	5.91%
Days Supply PMPY Rx	582.25	583.77	0.26%

Cost Drivers—Utilization and Price Trends

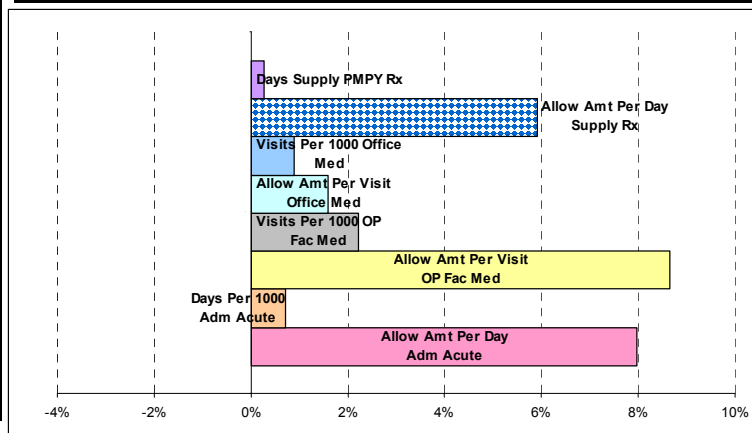


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Introduction

The Department of Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees Health Plan. In response to requests for data analysis, this report has been prepared to provide information related to enrollment, claims payment, and utilization.

It is the Department's intent to update this information on a monthly basis in an effort to provide current information about Kentucky's Health Insurance Program.

Overview

This report is compiled using Medstat, which is DEI's health insurance information management system. Medstat warehouses enrollment and claims data. Enrollment data is provided by DEI while claims data is provided by each carrier and/or TPA.

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

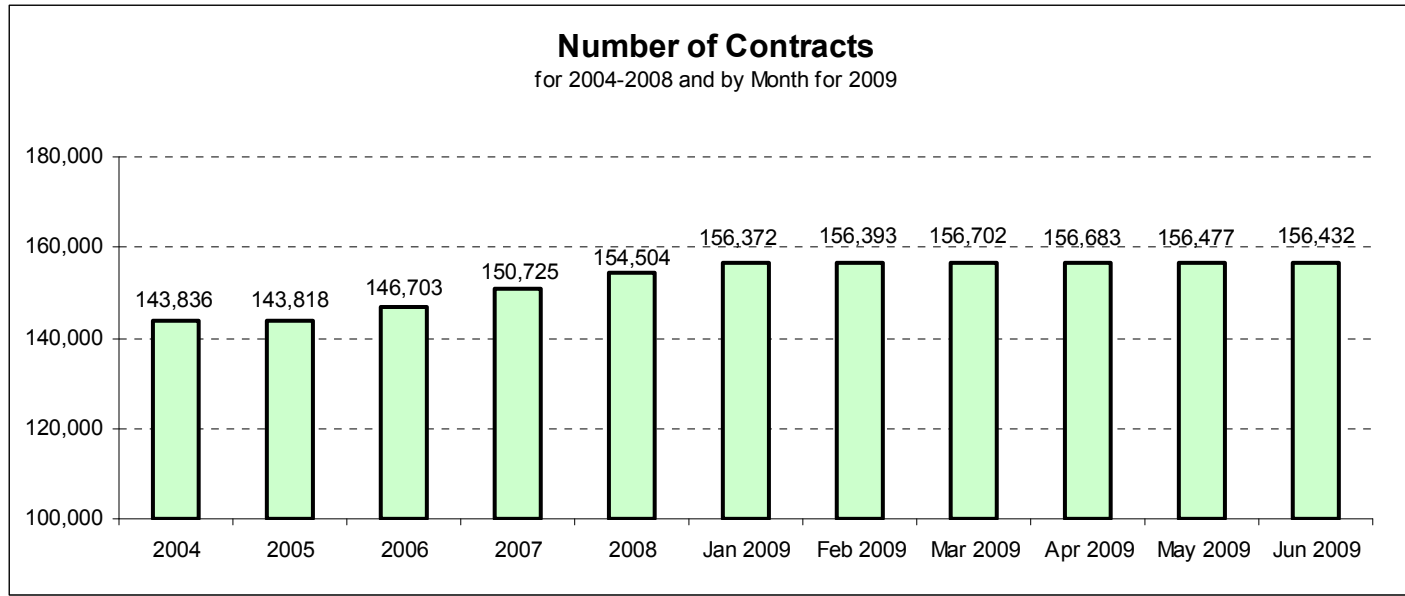
Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding dependents, dropping dependents, marriage, divorce, becoming Medicare eligible, etc. Therefore, Medstat is dealing with a fluid enrollment base. Also, each carrier processes claims slightly differently. During 2006 Medstat processed enrollment information for a total of **258,809** members as well as **7,973,124** claims (3,96,007 Medical claims and 4,584,166 prescriptions) from different carriers. When dealing with such large numbers it is impossible to tag every claim to a corresponding group, carrier, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Medstat.

Definitions

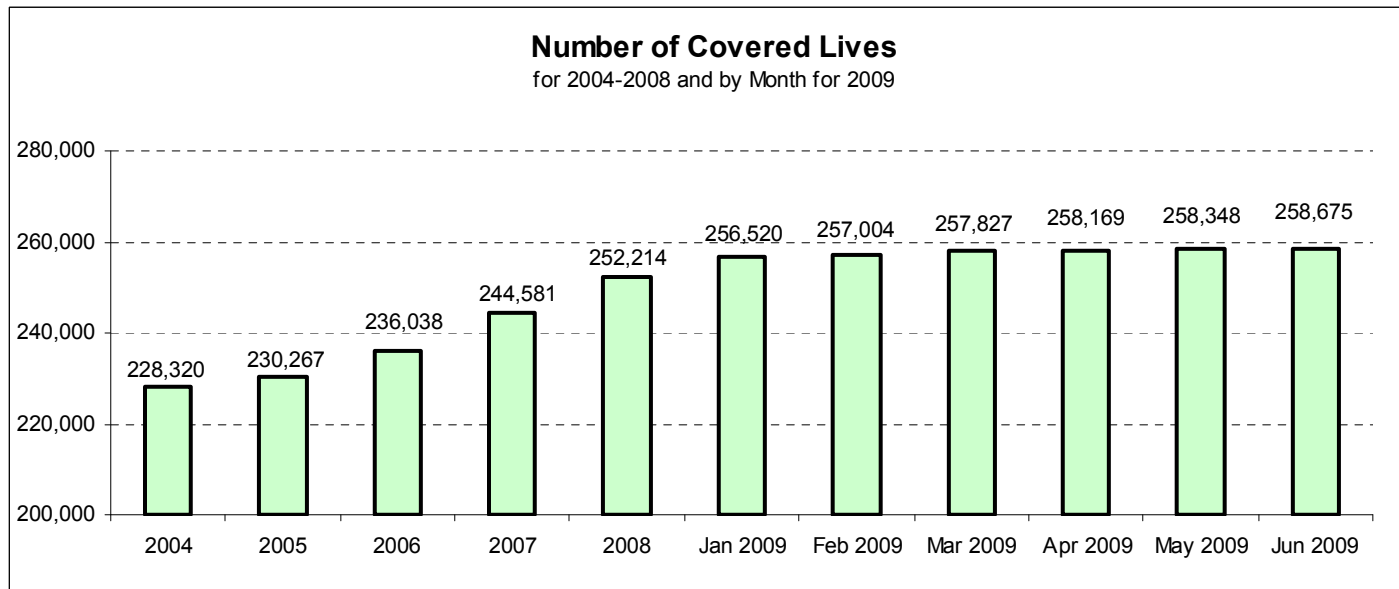
- **Employee** represents an individual eligible to participate in KEHP as a retiree in either KTRS or KRS, or by being employed by one of the agencies that participate with KEHP (example: state employee, school boards, Quasi agency, etc.). Employee may also be referred to as “planholder” or “contracts”. Please note that Medstat deals with Cross-reference plans uniquely. Although there are in fact two “employees” Medstat can only designate the planholder as an employee. Therefore, the cross-referenced spouse is considered a dependent and all claims and utilization data related to them is counted as a “member”.
- **Member** includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as “covered lives”.
- **Group** is Kentucky Retirement System (KRS), Kentucky Teachers Retirement System (KTRS), State Employees, School Boards, or Other (includes: COBRA, Health Departments, KCTCS, Quasi/Local Governments).
- **Plan** is Commonwealth Essential, Commonwealth Enhanced, Commonwealth Premier, Commonwealth Select, HMO Option A, HMO Option B, POS Option A, POS Option B, PPO Option A, PPO Option B, or EPO Option C.
- **Carrier** may be Aetna, Anthem, Bluegrass Family Health, CHA Health, United Healthcare, or Humana (please note that Express Scripts data is designated as Humana).
- **Generic Efficiency** means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- **OOP** is the amount paid out-of-pocket by the member for facility, professional, and prescription drug services. This generally includes coinsurance, co-payment, and deductible amounts.
- **Allowed Amount** is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.
- **Net Payment** is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- **Patients** is the unique count of members who received facility, professional, or pharmacy services.
- **Days Supply** is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- **Mail Order** is computed as any script filled with a “days supply” of more than 30 days, regardless of the physical location where the prescription was filled.
- **Retail** is computed as any script filled with a “days supply” of 30 days or less, regardless of the physical location where the prescription was filled.

Enrollment

The following chart show planholder enrollment (contracts) for 2004-2008 and monthly year-to-date for 2009. Enrollment will fluctuate on a monthly basis. (Approximately 8,000 cross-referenced spouses in any given month are not included)

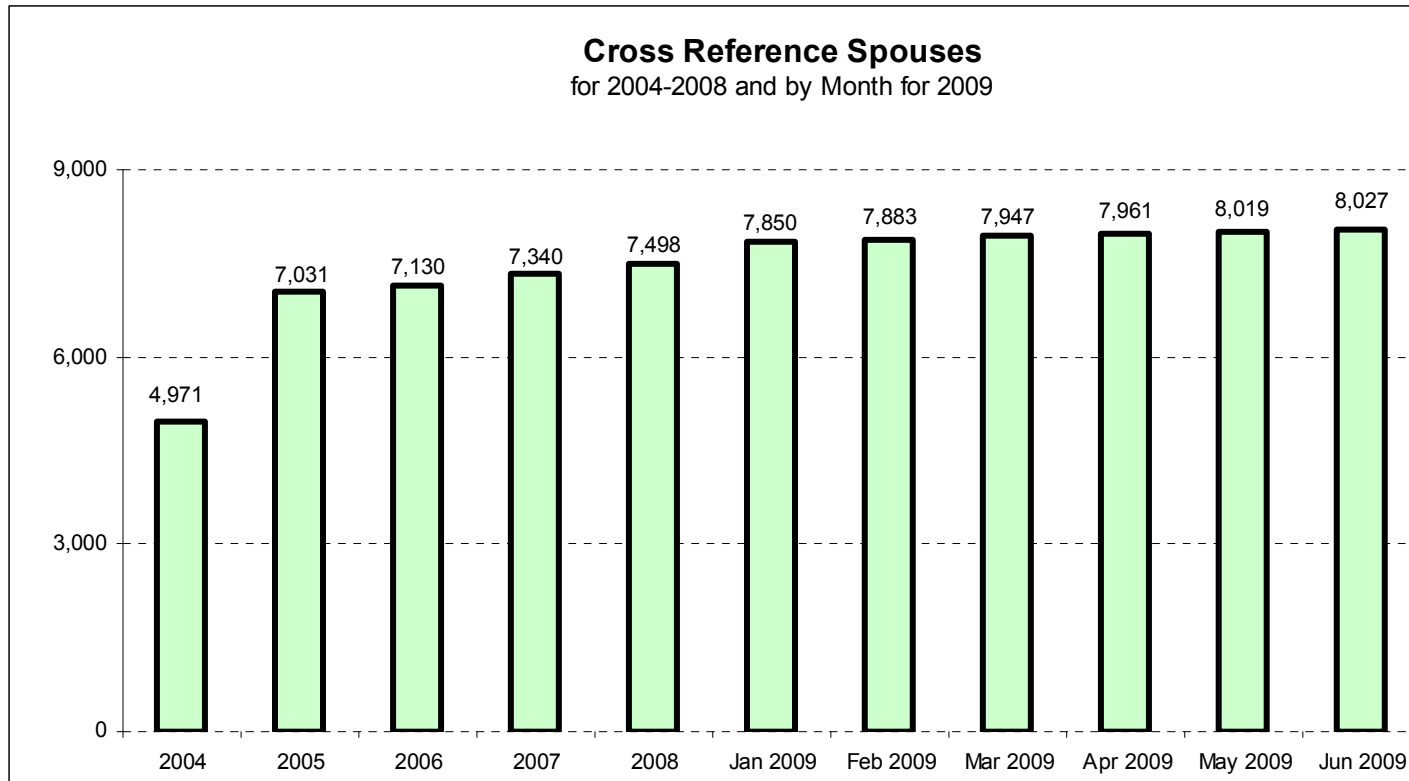


The following chart show member enrollment (covered lives) for 2004-2008 and monthly year-to-date for 2009. Enrollment will fluctuate on a monthly basis.



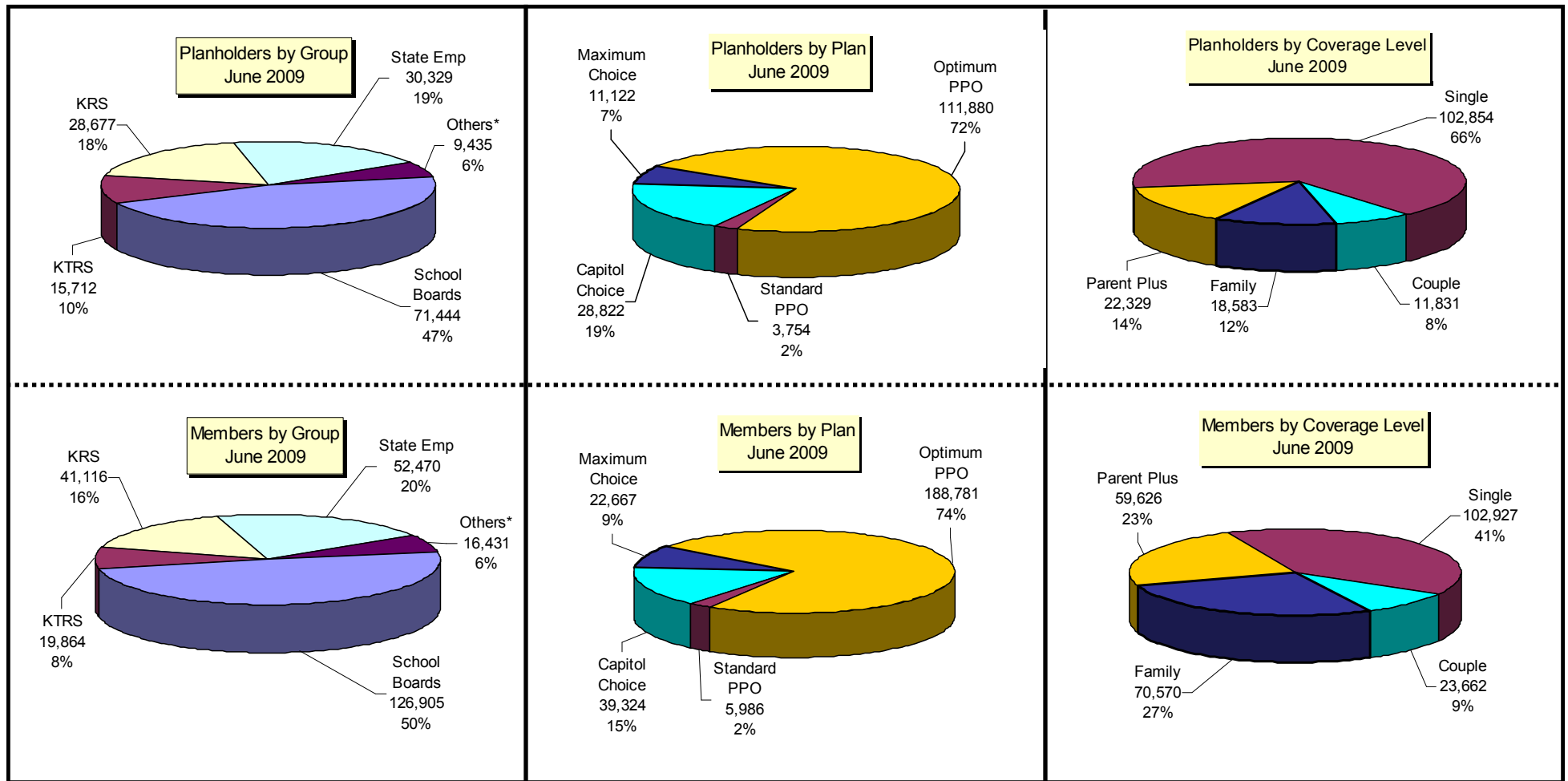
Enrollment *(continued)*

The following graph shows the number of cross-reference spouses for 2004-2008 and monthly year-to-date for 2009. The number of Cross Referenced Spouses will fluctuate on a monthly basis.



Enrollment *(continued)*

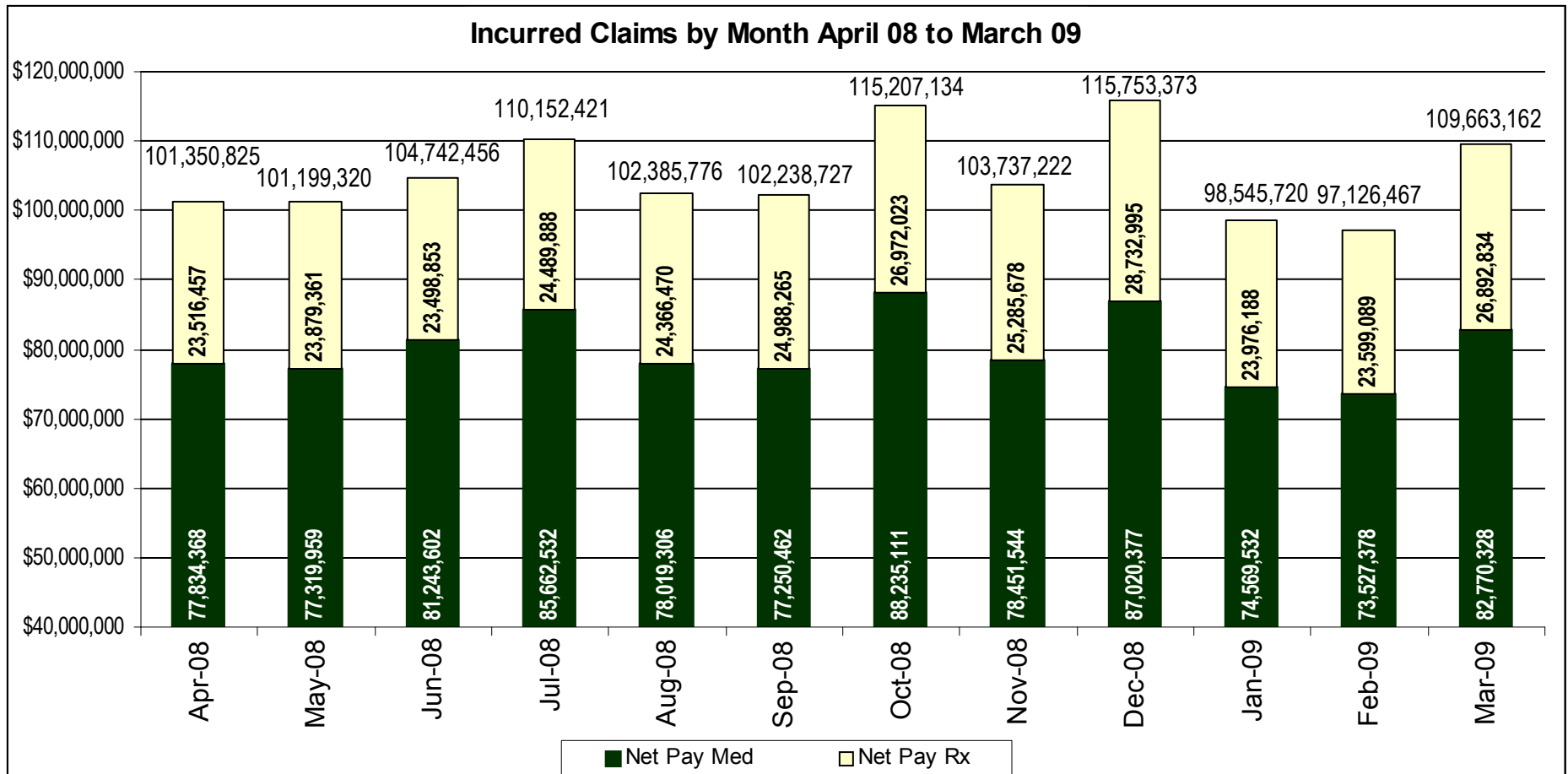
The following charts show Planholder and Member enrollment by group, plan, and coverage level.



* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs

Claims costs include Medical and Prescription (Rx) for the most recent rolling year. Based on Incurred Claims.



Claims Costs *(continued)*

The following tables represent **incurred** claims by **Group** for 2004 - 2008 and monthly year-to-date for 2009.

INCURRED MEDICAL CLAIMS (no Rx) by Group:

	School Boards	KTRS	KRS	State Employees	Others	Totals
2004	246,147,555	70,821,610	105,467,391	123,091,625	44,876,807	\$590,404,988
2005	258,583,635	80,446,325	122,103,230	127,041,805	47,167,061	\$635,342,056
2006	\$307,404,829	\$93,874,833	\$147,000,881	\$151,118,572	\$48,943,683	\$748,342,797
2007	\$363,841,525	\$104,899,662	\$170,164,090	\$160,879,835	\$55,125,460	\$854,910,573
2008	\$402,924,736	\$109,525,557	\$195,334,119	\$178,892,657	\$64,843,142	\$951,520,210
Jan-09	\$30,641,004	\$9,569,661	\$16,023,020	\$13,300,658	\$5,035,190	\$74,569,532
Feb-09	\$28,872,578	\$8,674,210	\$17,285,262	\$13,442,548	\$5,252,779	\$73,527,378
Mar-09	\$33,624,348	\$10,383,510	\$18,535,346	\$14,691,035	\$5,536,090	\$82,770,328

INCURRED Rx CLAIMS (no Med) by Group:

	School Boards	KTRS	KRS	State Employees	Others	Totals
2004	\$65,369,460	\$24,608,695	\$34,687,723	\$32,464,692	\$11,366,382	\$168,496,952
2005	\$69,923,171	\$27,111,849	\$39,719,334	\$34,313,525	\$12,446,641	\$183,514,521
2006	\$92,676,509	\$35,017,335	\$53,095,577	\$42,857,791	\$13,481,498	\$237,128,711
2007	\$102,829,064	\$37,887,697	\$61,596,053	\$46,081,324	\$15,428,337	\$263,822,475
2008	\$114,172,216	\$42,182,338	\$72,431,453	\$51,418,345	\$17,594,939	\$297,799,291
Jan-09	\$8,925,644	\$3,491,906	\$6,410,092	\$3,788,641	\$1,359,905	\$23,976,188
Feb-09	\$8,867,522	\$3,421,460	\$6,141,849	\$3,853,495	\$1,314,763	\$23,599,089
Mar-09	\$10,334,696	\$3,814,905	\$6,971,533	\$4,269,632	\$1,502,068	\$26,892,834

* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs *(continued)*

The following tables represent **incurred** claims by **Plan** for 2004-2008 and monthly year-to-date for 2009.

INCURRED MEDICAL CLAIMS (no Rx) by PLAN:

Time Period	Commonwealth				Capitol Choice	Standard PPO	Maximum Choice	Optimum PPO	Missing*	Total
	Enhanced	Essential	Premier	Select						
2005	\$224,106,646	\$5,699,906	\$398,937,012	\$870	\$0	\$0	\$0	\$0	\$3,206,256	\$631,950,690
2006	\$288,475,412	\$5,444,088	\$450,349,287	\$2,662	\$12,098	\$2,313	\$2,001	\$80,928	\$3,974,007	\$748,342,797
2007	\$339,104,734	\$5,061,609	\$499,876,322	\$7,214,456	\$1,879	\$1,269	\$8,740	\$51,580	\$3,589,985	\$854,910,573
2008	\$378,717,040	\$5,478,975	\$550,027,288	\$12,094,053	\$185,095	\$16,096	\$158,668	\$993,586	\$3,849,408	\$951,520,210
Jan-09	\$31,285	\$0	\$75,028	\$8,414	\$8,327,851	\$843,806	\$2,932,343	\$62,063,907	\$286,897	\$74,569,532
Feb-09	N/A	N/A	N/A	N/A	\$8,065,877	\$1,001,107	\$2,753,296	\$61,453,883	\$253,214	\$73,527,378
Mar-09	N/A	N/A	N/A	N/A	\$10,089,866	\$1,168,273	\$2,954,323	\$68,223,000	\$334,866	\$82,770,328

INCURRED Rx CLAIMS (no Med) by PLAN:

Time Period	Commonwealth				Capitol Choice	Standard PPO	Maximum Choice	Optimum PPO	Missing*	Total
	Enhanced	Essential	Premier	Select						
2005	\$54,479,575	\$1,131,785	\$97,251,249	\$22	\$0	\$0	\$0	\$0	\$549,273	\$182,825,330
2006	\$86,176,113	\$1,164,651	\$148,805,657	\$185	\$129	\$70	\$460	\$3,784	\$977,662	\$237,128,711
2007	\$98,800,057	\$967,665	\$162,089,618	\$1,412,316	\$75	\$4	\$0	\$5,063	\$547,676	\$263,822,475
2008	\$113,864,368	\$969,746	\$180,360,934	\$1,926,002	\$11,750	\$2,300	\$3,710	\$79,586	\$580,895	\$297,799,291
Jan-09	\$17,205	\$11	\$40,308	\$1,844	\$2,653,933	\$290,988	\$66,533	\$20,839,515	\$65,851	\$23,976,188
Feb-09	\$0	\$0	\$0	\$0	\$2,627,573	\$270,995	\$195,725	\$20,449,141	\$55,655	\$23,599,089
Mar-09	\$0	\$0	\$0	\$0	\$3,126,619	\$294,453	\$351,578	\$23,069,253	\$50,930	\$26,892,834

HMO = HMO Option A plus HMO Option B

POS = POS Option A plus POS Option B

PPO = PPO Option A plus PPO Option B

*Missing means the claims could not be tagged to a specific plan.

Claims Costs *(continued)*

The following represents **incurred medical claims only** (does not include Rx) by **Coverage Level** for 2004-2008 and monthly year-to-date for 2009.

INCURRED MEDICAL CLAIMS (no Rx) by Coverage Level:

Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2004	\$79,155,863	\$103,820,755	\$86,067,017	\$316,270,259	\$5,091,095	\$590,404,989
2005	\$87,262,576	\$118,825,706	\$89,324,478	\$333,524,271	\$3,206,647	\$632,143,678
2006	\$105,900,696	\$142,637,212	\$104,245,315	\$391,585,566	\$3,974,007	\$748,342,797
2007	\$123,973,826	\$160,558,202	\$118,824,343	\$447,964,217	\$3,589,985	\$854,910,573
2008	\$138,878,101	\$179,417,569	\$138,507,123	\$490,868,368	\$3,849,051	\$951,520,210
Jan-09	\$10,720,185	\$13,212,735	\$12,037,830	\$38,311,885	\$286,897	\$74,569,532
Feb-09	\$11,214,892	\$13,737,368	\$10,721,043	\$37,600,861	\$253,214	\$73,527,378
Mar-09	\$12,210,450	\$15,786,092	\$11,933,580	\$42,505,340	\$334,866	\$82,770,328

INCURRED Rx CLAIMS (no Med) by Coverage Level:

Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2004	\$25,937,109	\$29,646,733	\$19,042,131	\$93,046,913	\$824,066	\$168,496,952
2005	\$28,909,801	\$34,195,948	\$19,163,801	\$99,866,288	\$689,492	\$182,825,330
2006	\$38,228,159	\$43,809,856	\$25,948,520	\$128,164,514	\$977,662	\$237,128,711
2007	\$42,589,941	\$49,322,977	\$29,732,882	\$141,629,024	\$547,650	\$263,822,475
2008	\$48,562,367	\$54,531,817	\$34,710,849	\$159,414,120	\$580,138	\$297,799,291
Jan-09	\$3,994,290	\$4,191,083	\$2,798,885	\$12,926,078	\$65,851	\$23,976,188
Feb-09	\$3,876,009	\$4,276,966	\$2,816,833	\$12,573,627	\$55,655	\$23,599,089
Mar-09	\$4,379,447	\$4,872,224	\$3,339,816	\$14,250,417	\$50,930	\$26,892,834

**Unable to tag claims to a specific coverage level*

Medical Claims Utilization

The following is based on medical claims* (does not include Rx) incurred for Jan-Mar 2009.

Commonwealth Plan	Admits Per 1000 Acute	Admits Per 1000 Acute {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Days LOS Admit Acute	Days LOS Admit Acute {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Days Per 1000 Adm Acute	Days Per 1000 Adm Acute {Rcnt SGovt}	%Diff from {Rcnt SGovt}
Capitol Choice	67.76	78.69	-13.89%	4.22	4.21	0.25%	286.06	325.34	-12.07%
Maximum Choice	54.91	63.92	-14.10%	3.7	3.87	-4.54%	202.89	248.64	-18.40%
Optimum PPO	91.61	75.52	21.30%	4.06	4.34	-6.34%	372.02	318.33	16.86%
Standard PPO	74.37	74.5	-0.17%	4.66	4.8	-2.86%	346.63	317.45	9.19%
Total	72.16	73.16	-1.36%	4.16	4.31	-3.37%	301.90	302.44	-0.18%

Commonwealth Plan	Visits Per 1000 Office Med	Visits Per 1000 Office Med {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Visits Per 1000 ER	Visits Per 1000 ER {Rcnt SGovt}	%Diff from {Rcnt SGovt}
Capitol Choice	7,142.56	7,447.98	-4.10%	177.98	196.55	-9.44%
Maximum Choice	5,629.33	6,205.32	-9.28%	163.82	195.89	-16.37%
Optimum PPO	9,383.58	7,364.64	27.41%	231.55	194.95	18.77%
Standard PPO	5,166.29	7,146.69	-27.71%	215.82	193.88	11.31%
Total	6,830.44	7,041.16	-3.42%	197.29	195.32	1.07%

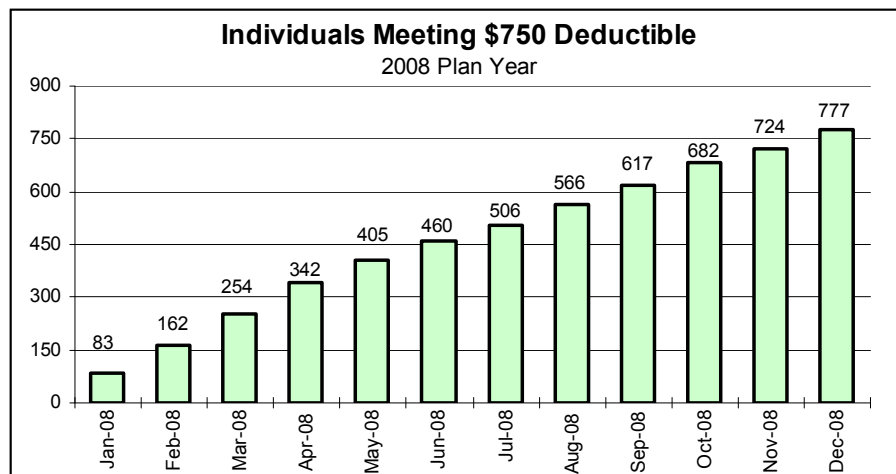
Commonwealth Plan	Svcs Per 1000 OP Lab	Svcs Per 1000 OP Lab {Rcnt US}	%Diff from {Rcnt US}	Svcs Per 1000 OP Rad	Svcs Per 1000 OP Rad {Rcnt US}	%Diff from {Rcnt US}
Capitol Choice	7,502.51	6,738.16	11.34%	2,536.39	2,312.12	9.70%
Maximum Choice	5,722.22	5,115.07	11.87%	1,801.85	1,630.01	10.54%
Optimum PPO	10,576.90	6,463.28	63.65%	3,308.40	2,260.21	46.38%
Standard PPO	5,927.95	6,391.01	-7.25%	1,905.82	2,157.71	-11.67%
Total	7,432.40	6,176.88	19.90%	2,388.12	2,090.01	13.74%

*Services are tracked by each service, not by each visit. Therefore, if two laboratory services are performed at one visit, it will count as two services.

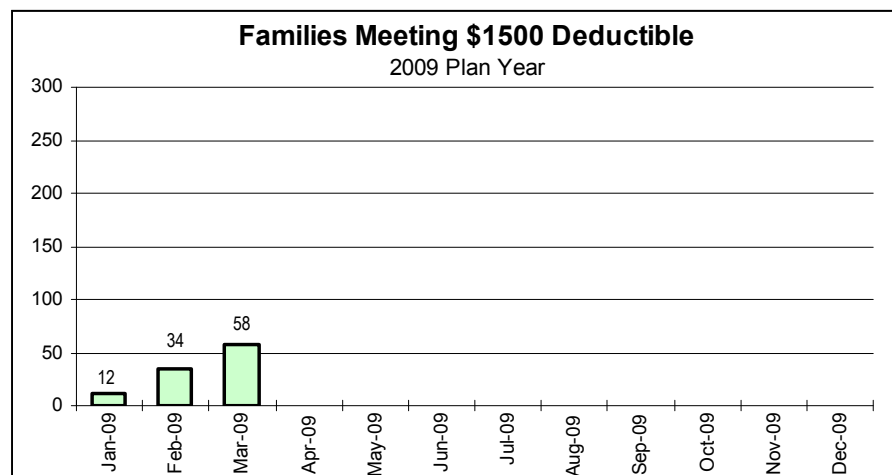
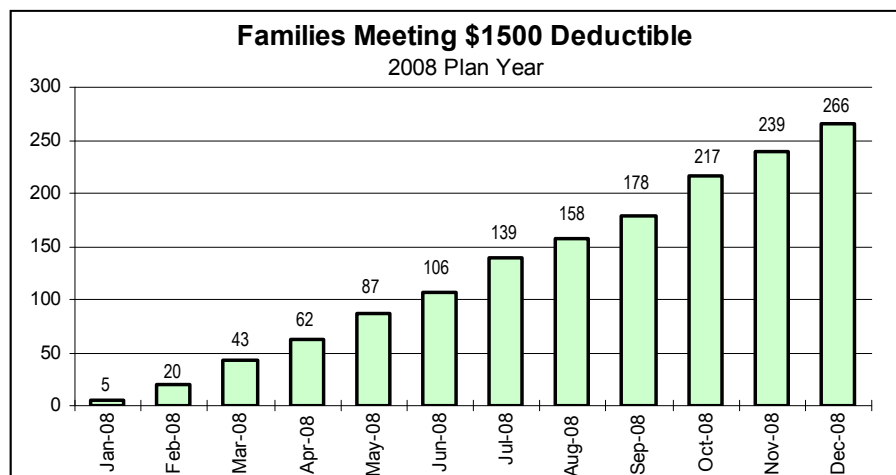
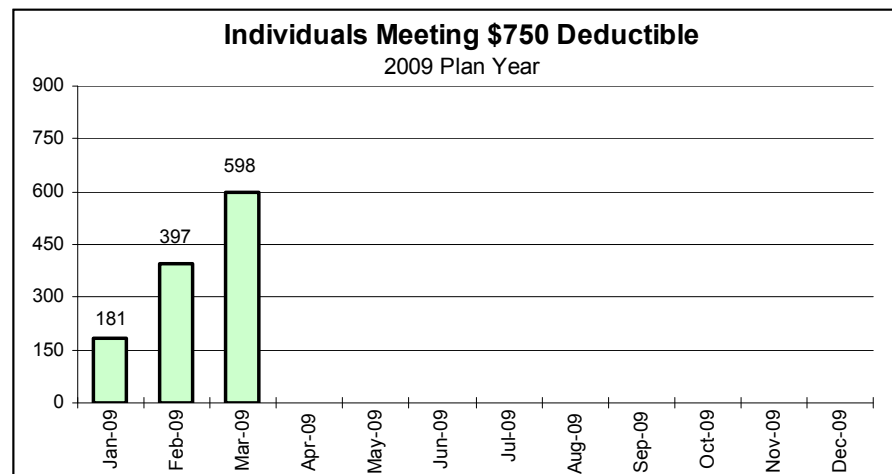
Analysis of Individuals and Families Meeting Their Deductibles

The following details the number of individuals and families by plan that met their deductible for the 2008 and 2009 Plan Years. This report is based on incurred claims.

Commonwealth Essential



Standard PPO



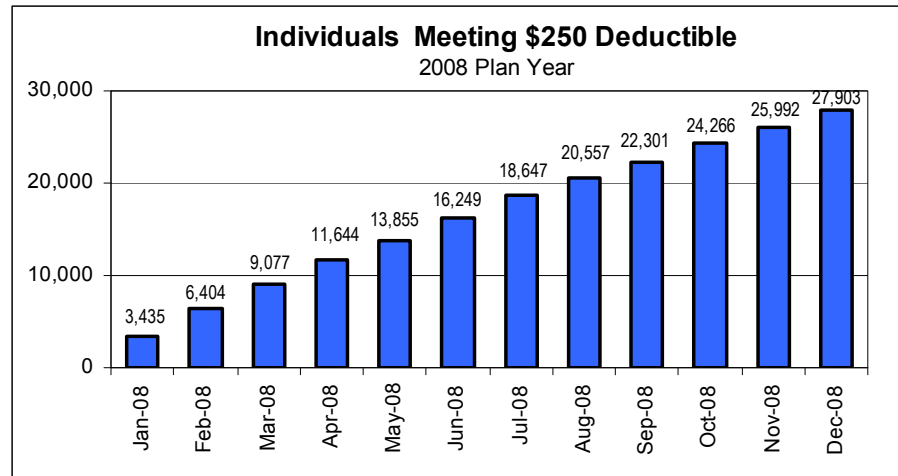
Individuals and Families in Essential Plan			
2005:	18.58%	of Individuals and	11.69% of Families met their Deductibles.
2006:	22.14%	of Individuals and	16.35% of Families met their Deductibles.
2007:	22.41%	of Individuals and	17.45% of Families met their Deductibles.
2008:	24.16%	of Individuals and	19.14% of Families met their Deductibles.

Individuals and Families in Standard PPO Plan			
2009:	9.93%	of Individuals and	1.49% of Families met their Deductibles.

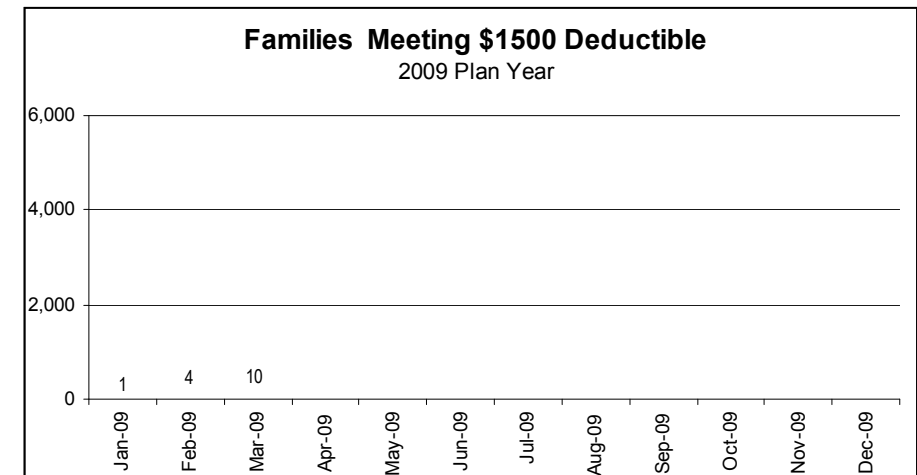
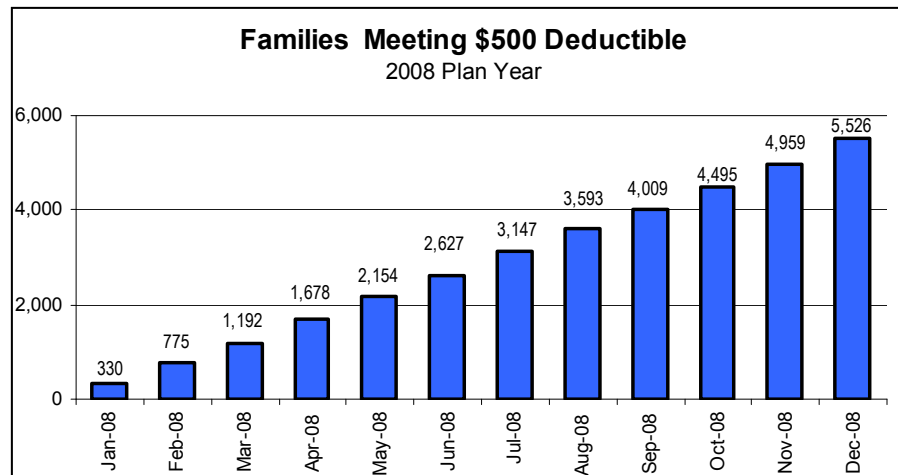
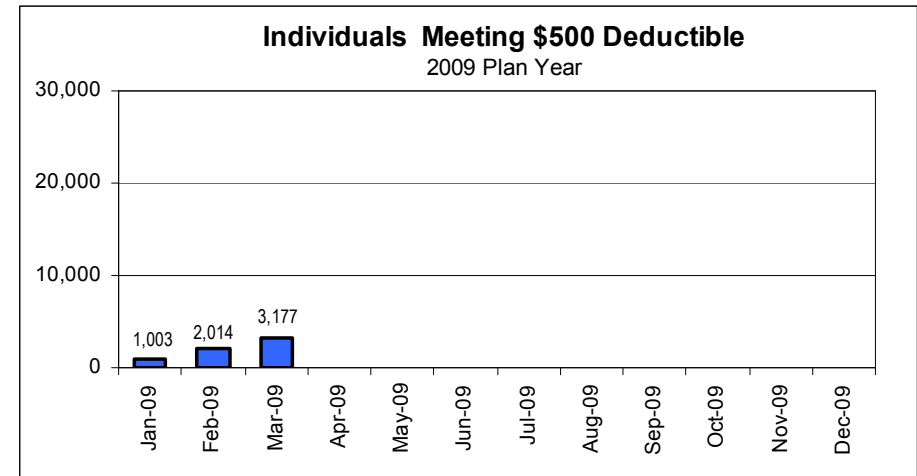
Analysis of Individuals and Families Meeting Their Deductibles *(continued)*

The following details the number of individuals and families by plan that met their deductible for the 2008 and 2009 Plan Years. This report is based on incurred claims.

Commonwealth Enhanced



Capitol Choice



Individuals and Families In Enhanced Plan

2005:	19.36%	of Individuals and	4.59%	of Families met their Deductibles.
2006:	21.52%	of Individuals and	7.23%	of Families met their Deductibles.
2007:	21.34%	of Individuals and	6.43%	of Families met their Deductibles.
2008:	21.93%	of Individuals and	6.68%	of Families met their Deductibles.

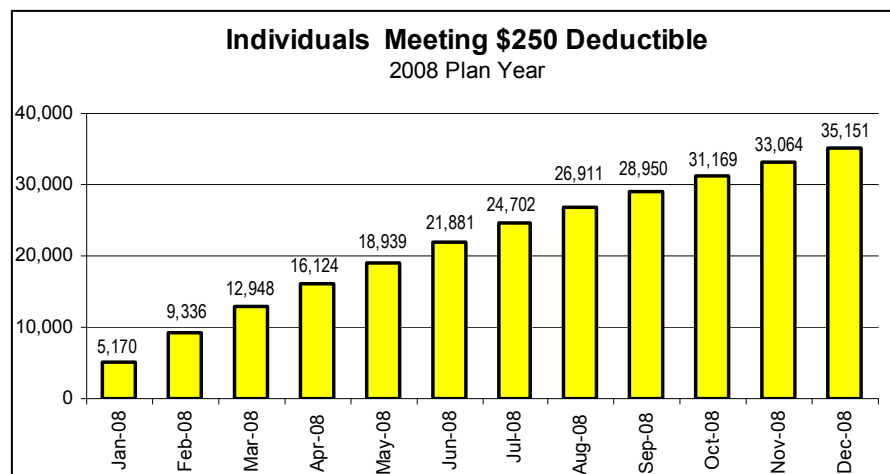
Individuals and Families In Capitol Choice Plan

2009:	8.11%	of Individuals and	0.03%	of Families met their Deductibles.
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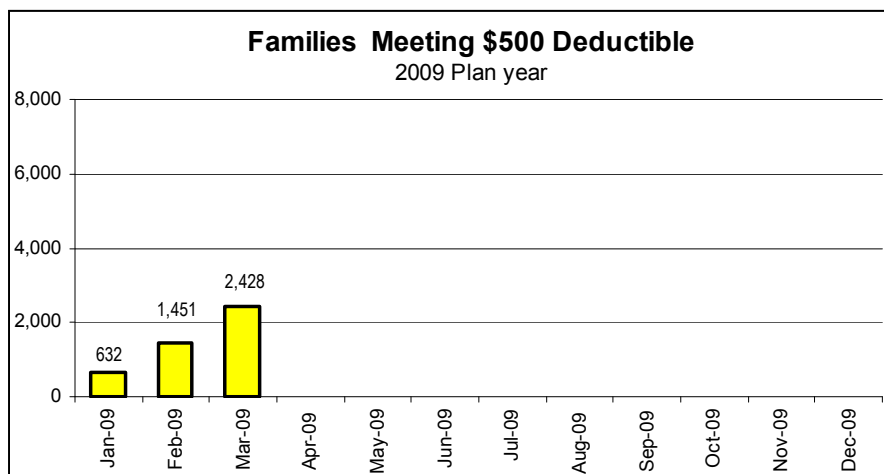
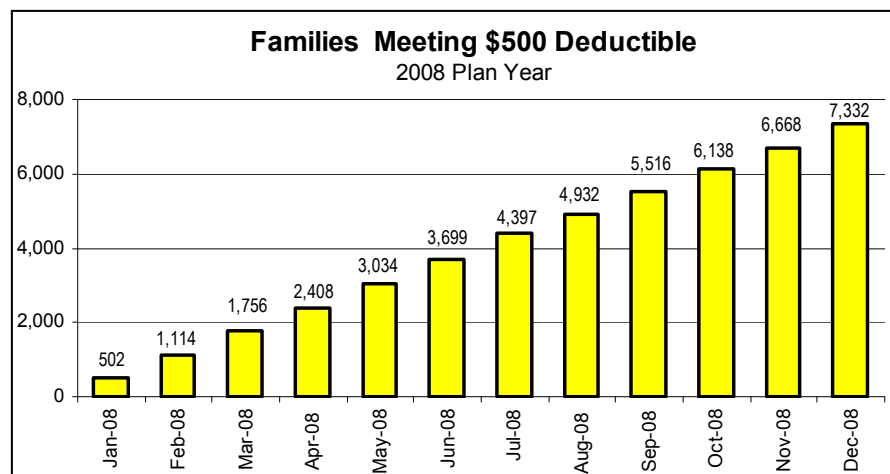
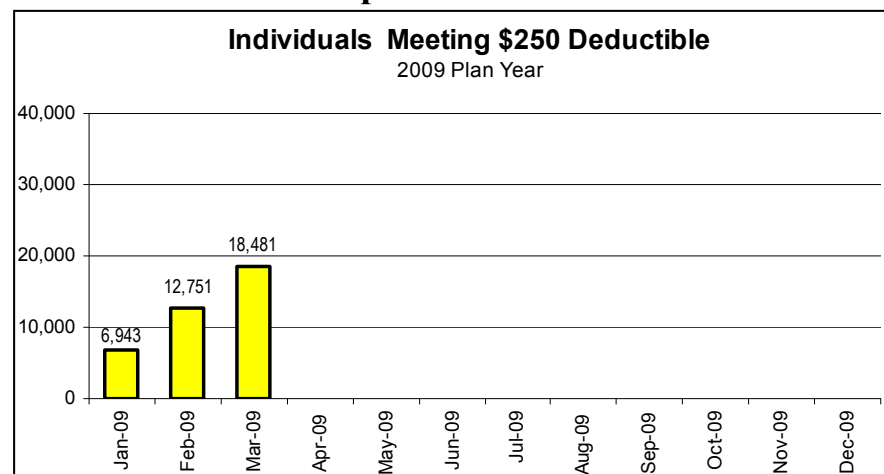
Analysis of Individuals and Families Meeting Their Deductibles *(continued)*

The following details the number of individuals and families by plan that met their deductible for the 2008 and 2009 Plan Years. This report is based on incurred claims.

Commonwealth Premier



Optimum PPO



Individuals and Families In Premier Plan

2005:	27.80%	of Individuals and	6.65%	of Families met their Deductibles.
2006:	30.15%	of Individuals and	9.95%	of Families met their Deductibles.
2007:	30.04%	of Individuals and	8.89%	of Families met their Deductibles.
2008:	30.49%	of Individuals and	9.08%	of Families met their Deductibles.

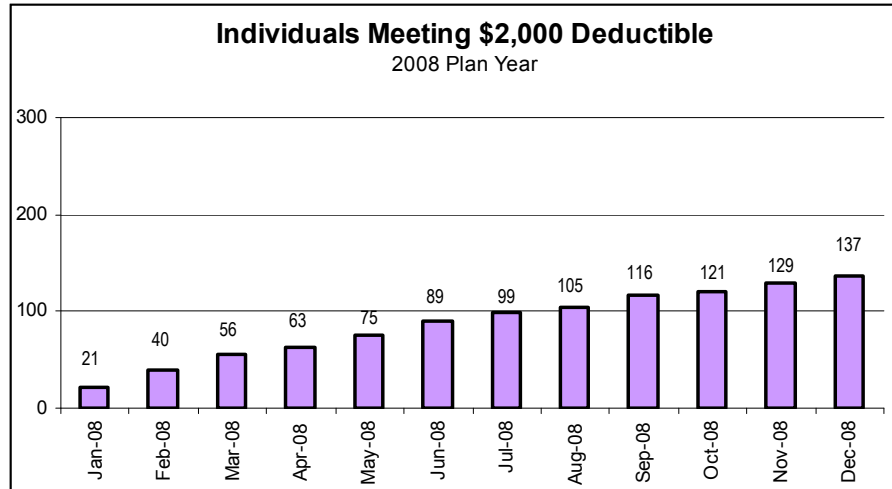
Individuals and Families In Optimum PPO Plan

2009:	9.74%	of Individuals and	2.14%	of Families met their Deductibles.
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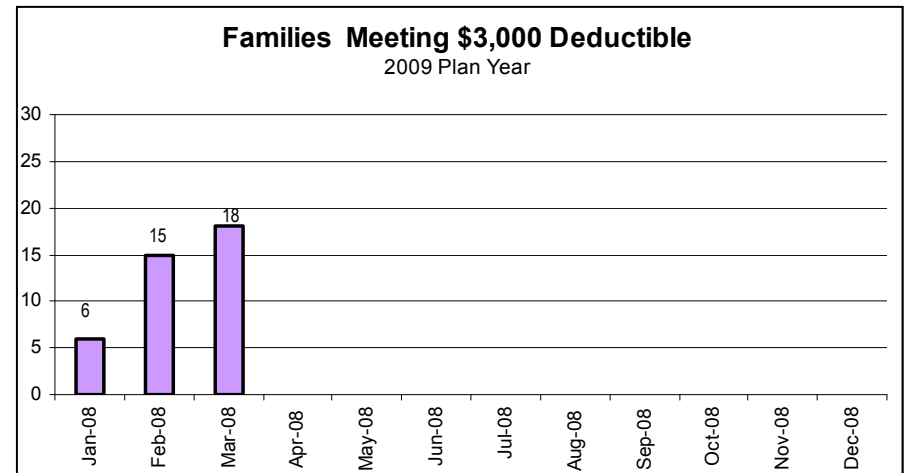
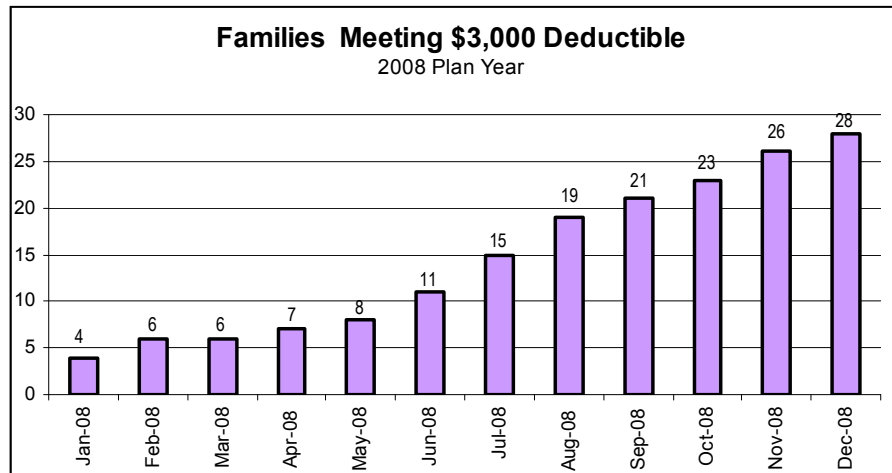
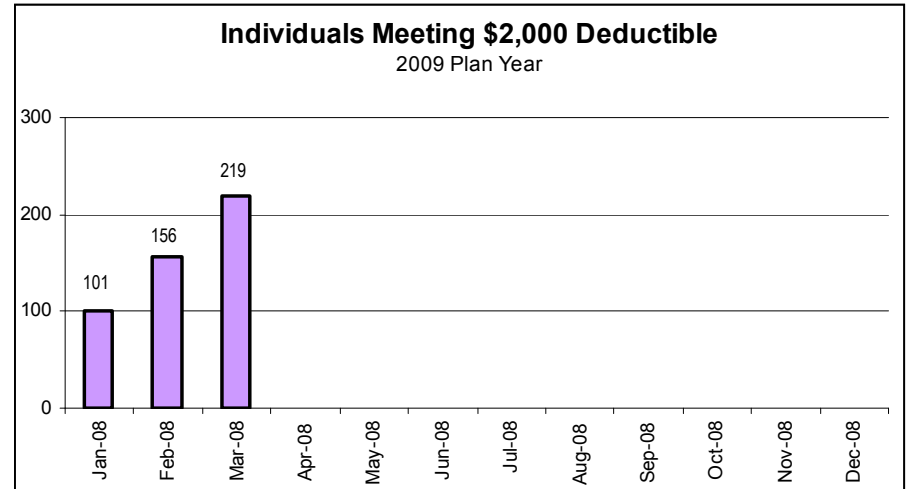
Analysis of Individuals and Families Meeting Their Deductibles *(continued)*

The following details the number of individuals and families by plan that met their deductible for the 2008 and 2009 Plan Years. This report is based on incurred claims.

Commonwealth Select



Maximum Choice



Individuals and Families in Select Plan

2007: **1.71%** of Individuals and **0.78%** of Families met their Deductibles.
 2008: **2.13%** of Individuals and **0.93%** of Families met their Deductibles.

Note: For the Select Plan, prescription drug coinsurance amounts are included in MOP totals.

Individuals and Families in Maximum Choice Plan

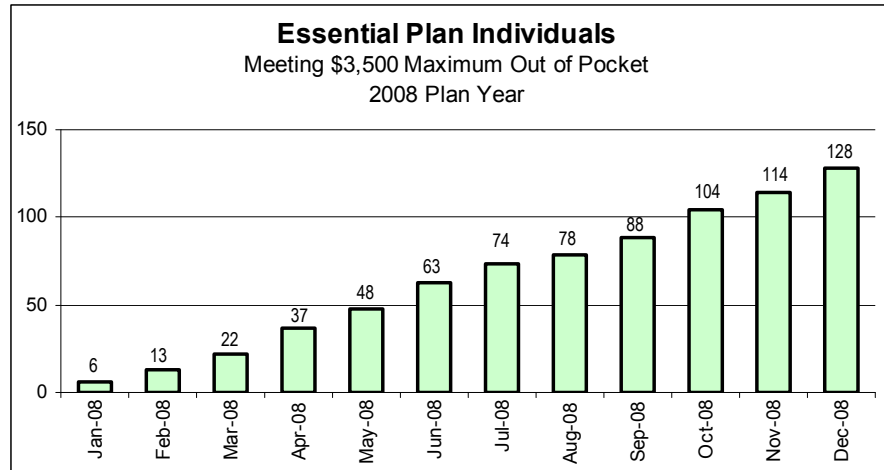
2009: **4.85%** of Individuals and **0.82%** of Families met their Deductibles.

Note: For the Maximum Choice Plan, prescription drug coinsurance amounts are included in MOP totals.

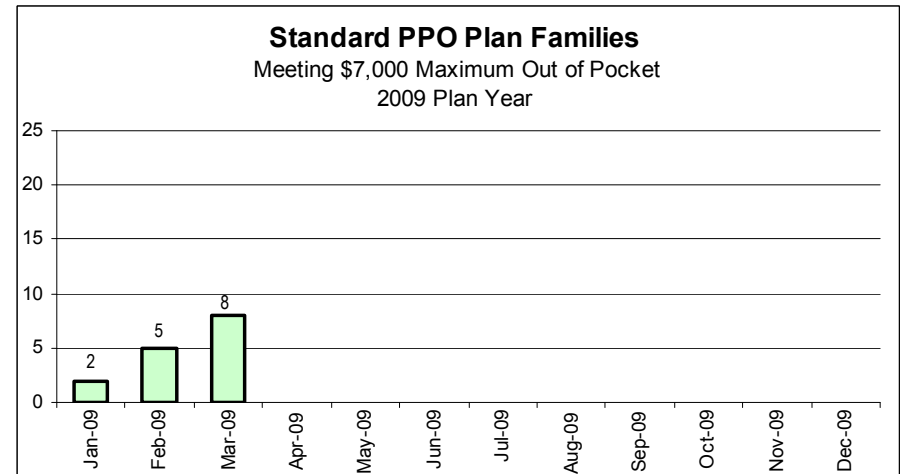
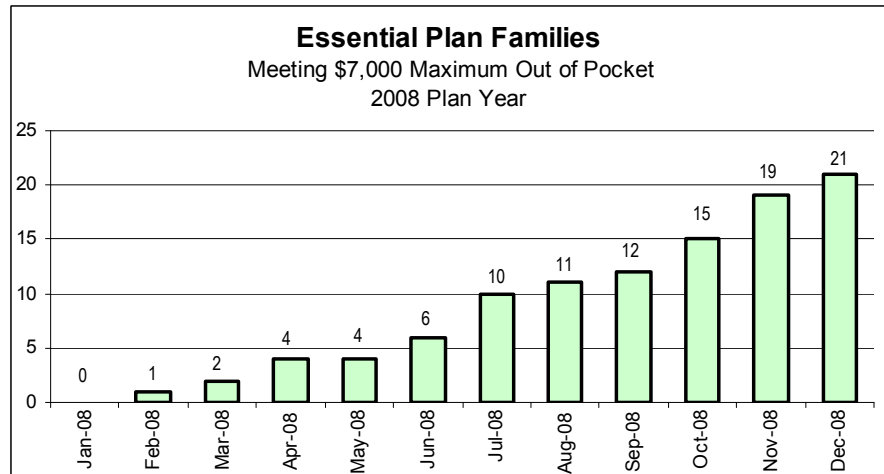
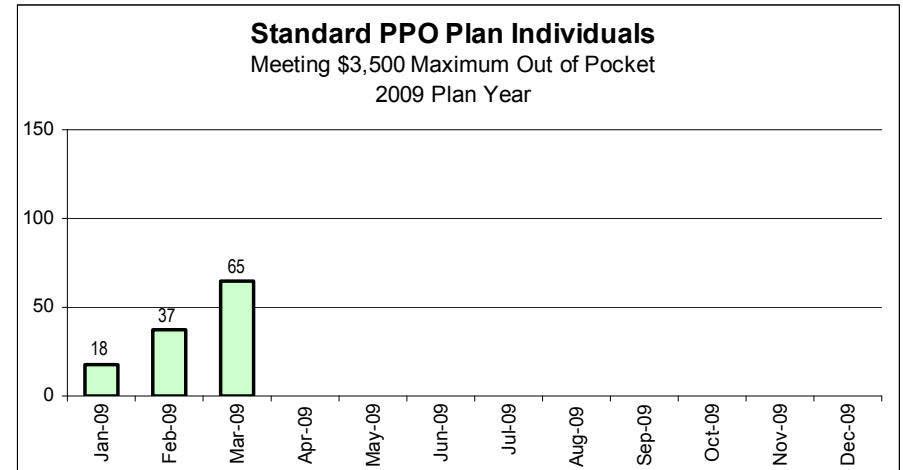
Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses

The following details the number of individuals and families by plan that met their maximum out of pocket for the 2008 and 2009 Plan Years. This report is based on incurred claims.

Commonwealth Essential



Standard PPO



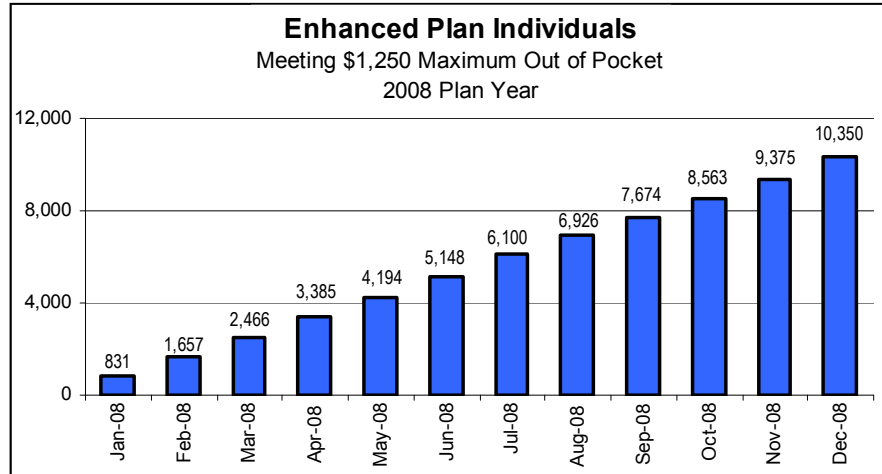
Individuals and Families in Essential Plan			
2005:	1.14%	of Individuals and	0.22% of Families met their MOPs.
2006:	2.96%	of Individuals and	1.08% of Families met their MOPs.
2007:	3.30%	of Individuals and	1.14% of Families met their MOPs.
2008:	3.98%	of Individuals and	1.51% of Families met their MOPs.

Individuals and Families in Standard PPO Plan			
2009:	1.08%	of Individuals and	0.21% of Families met their MOPs.

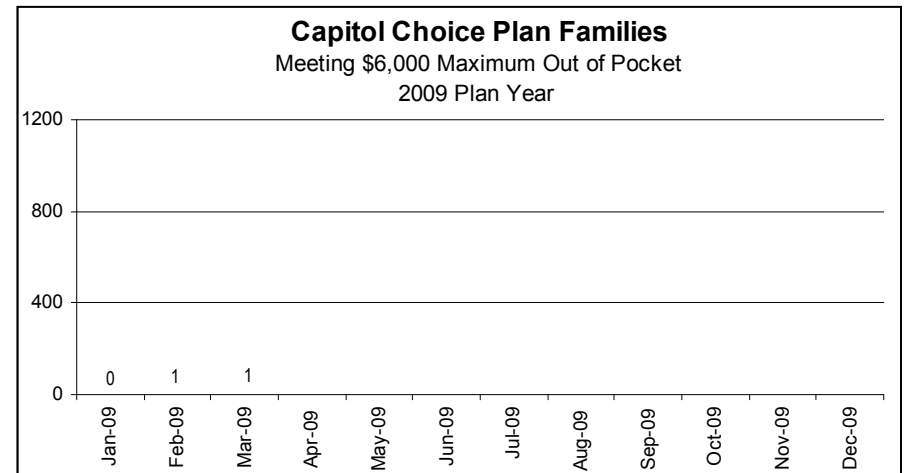
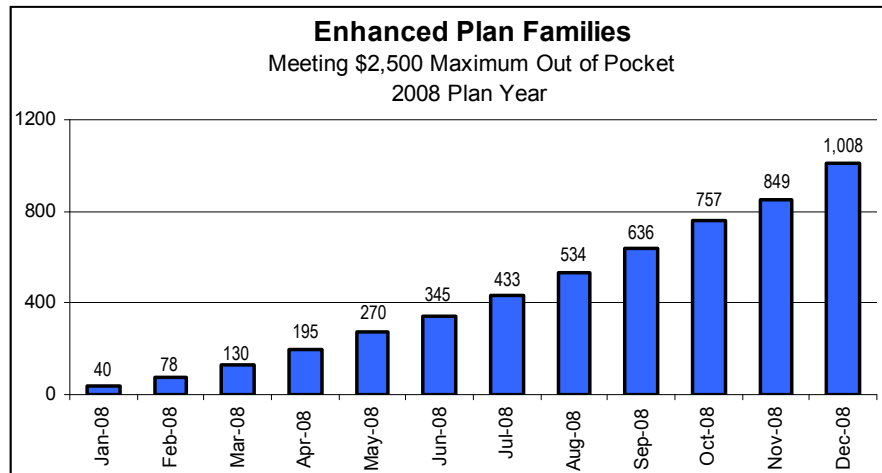
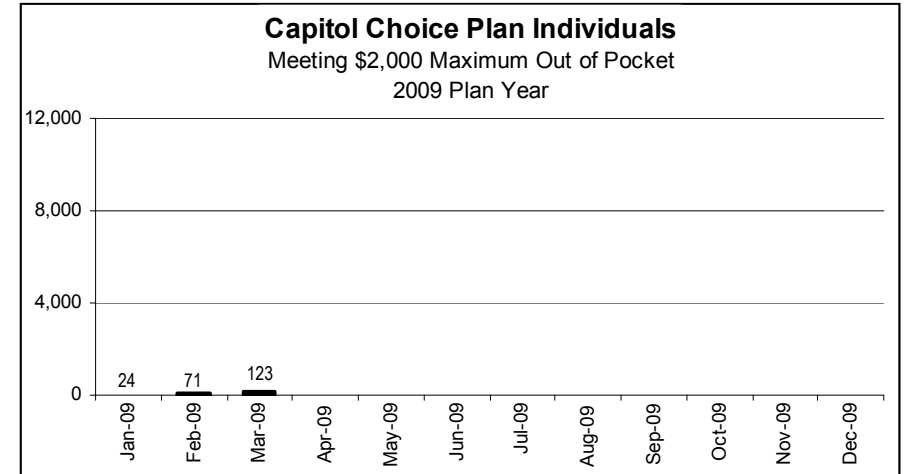
Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

The following details the number of individuals and families by plan that met their maximum out of pocket for the 2008 and 2009 Plan Years. This report is based on incurred claims.

Commonwealth Enhanced



Capitol Choice



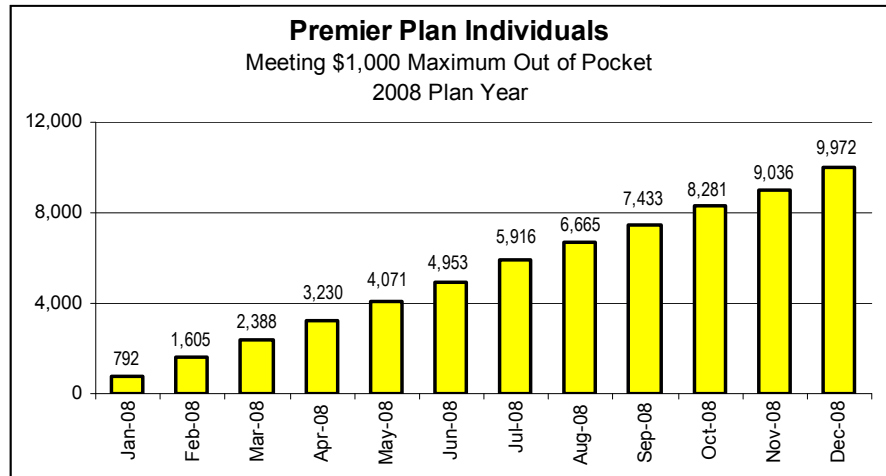
Individuals and Families In Enhanced Plan			
2005:	3.34%	of Individuals and	0.31% of Families met their MOPs.
2006:	5.80%	of Individuals and	0.94% of Families met their MOPs.
2007:	7.50%	of Individuals and	1.00% of Families met their MOPs.
In 2008:	8.13%	of Individuals and	1.22% of Families met their MOPs.

Individuals and Families In Capitol Choice Plan			
2009:	0.31%	of Individuals and	0.00% of Families met their MOPs.

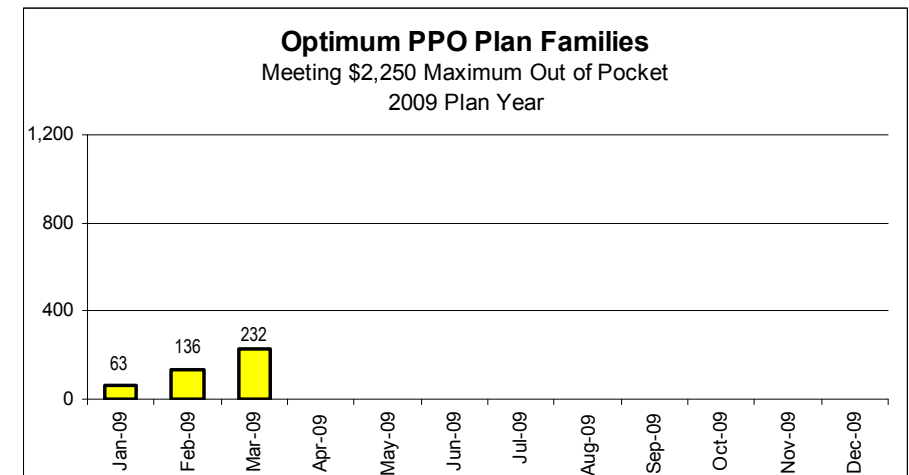
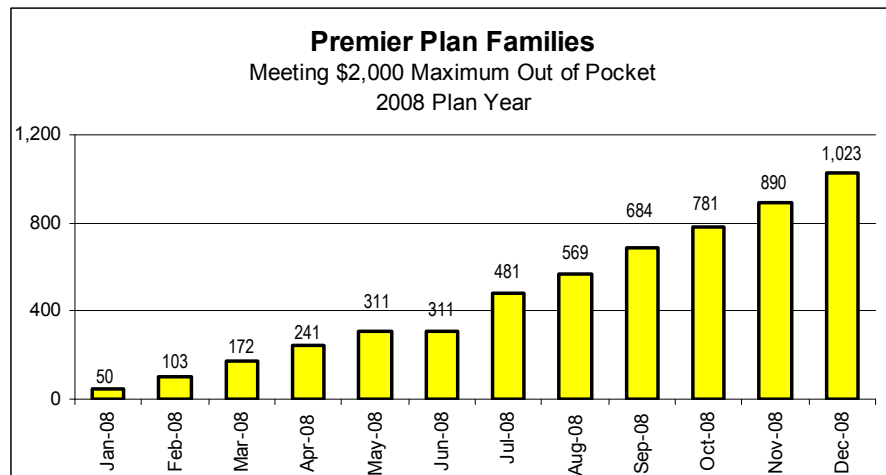
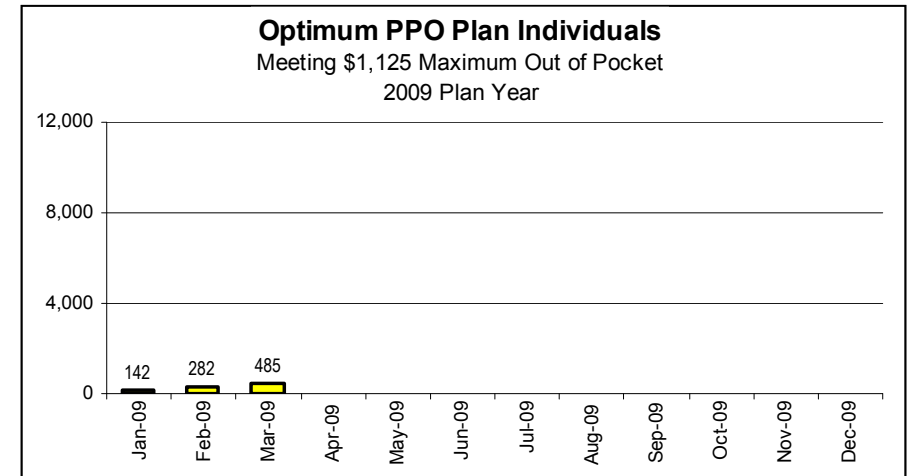
Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

The following details the number of individuals and families by plan that met their maximum out of pocket for the 2008 and 2009 Plan Years. This report is based on incurred claims.

Commonwealth Premier



Optimum PPO



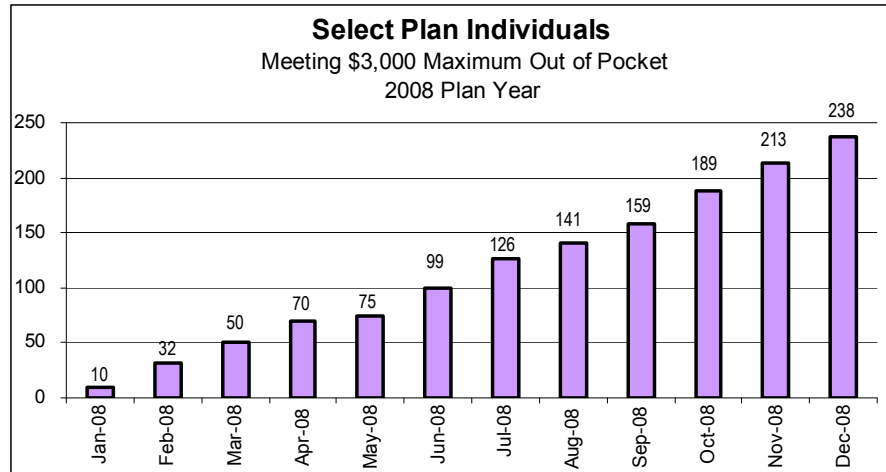
Individuals and Families In Premier Plan			
2005:	3.38%	of Individuals and	0.53% of Families met their MOPs.
2006:	6.70%	of Individuals and	1.17% of Families met their MOPs.
2007:	7.78%	of Individuals and	1.19% of Families met their MOPs.
2008:	8.65%	of Individuals and	1.27% of Families met their MOPs.

Individuals and Families In Optimum PPO Plan			
2009:	0.26%	of Individuals and	0.20 of Families met their MOPs.

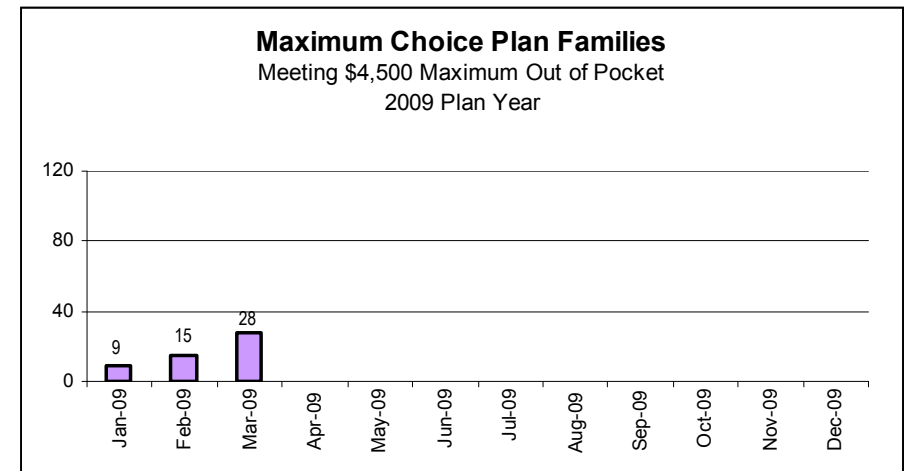
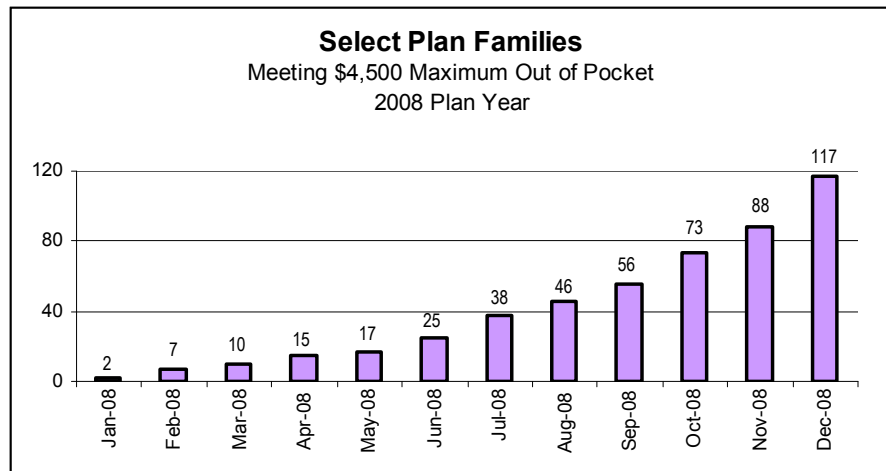
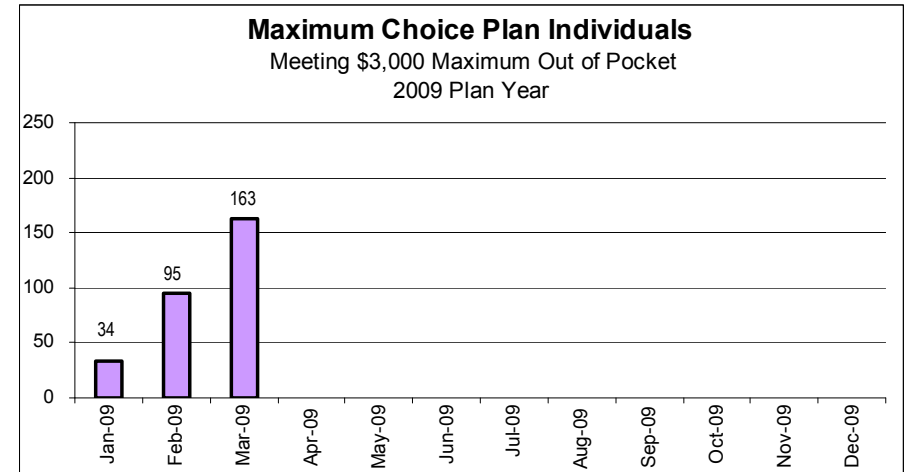
Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

The following details the number of individuals and families by plan that met their maximum out of pocket for the 2008 and 2009 Plan Years. This report is based on incurred claims.

Commonwealth Select



Maximum Choice



Individuals and Families in Select Plan

2007: **3.03%** of Individuals and **2.61%** Of Families met their MOPs.

2008: **3.69%** of Individuals and **3.87%** Of Families met their MOPs.

Note: For the Select Plan, prescription drug coinsurance amounts are included in MOP totals.

Individuals and Families in Maximum Choice Plan

2009: **0.73%** of Individuals and **0.25%** Of Families met their MOPs.

Note: For the Maximum Choice Plan, prescription drug coinsurance amounts are included in MOP totals.

Premium (or Premium Equivalent)

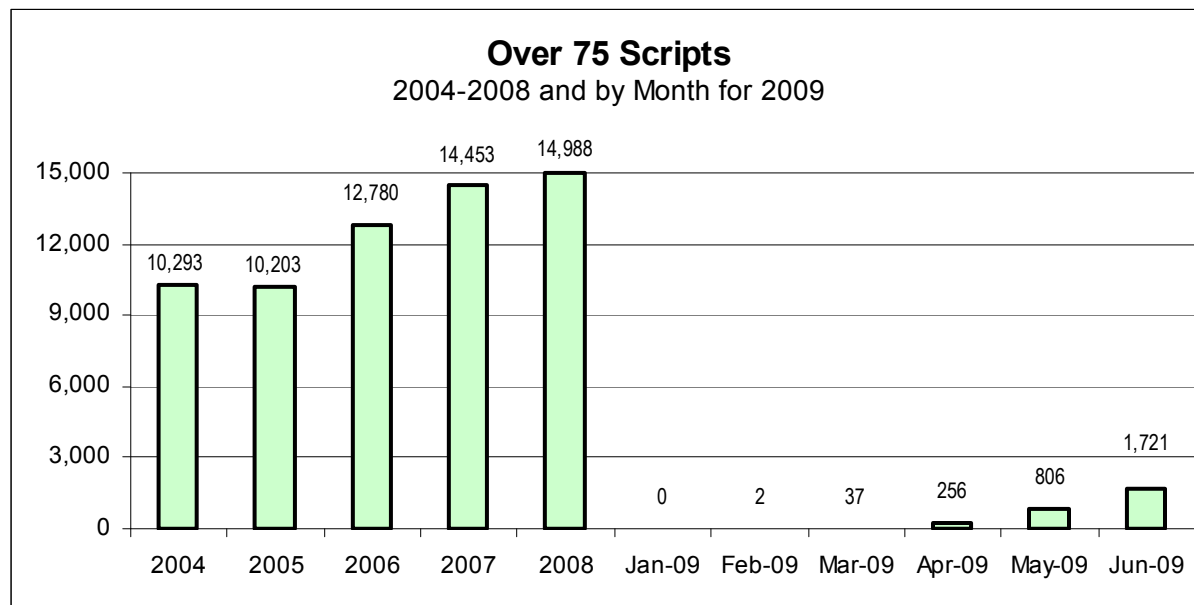
The following details the amount of premium* (or premium equivalent) paid by the employee and employer for 2004-2008 and monthly through 2009.

Time Period	Employee Premium Amount	Employer Premium Amount	Total Premium Amount
2004	\$213,004,714	\$492,025,888	\$705,030,602
2005	\$148,029,637	\$779,647,097	\$927,676,733
2006	\$153,787,780	\$948,458,338	\$1,102,246,118
2007	\$167,530,819	\$973,220,791	\$1,140,751,611
2008	\$179,098,696	\$1,039,574,462	\$1,218,673,158
Jan-09	\$17,457,936	\$98,754,828	\$116,212,764
Feb-09	\$17,487,416	\$98,822,674	\$116,310,090
Mar-09	\$17,500,820	\$99,072,482	\$116,573,303
Apr-09	\$17,501,018	\$99,078,486	\$116,579,504
May-09	\$17,494,235	\$99,024,809	\$116,519,044
Jun-09	\$17,514,678	\$99,027,972	\$116,542,650

**Premium (or premium equivalent) is based on enrollment using published premium rates—it is NOT based on actual payments received.*

Prescription Drug Utilization

The following details the number of families that have purchased 75 scripts or more during 2004-2008 and by month for 2009. After a family has filled 75 prescriptions via retail purchase, the co-payment is reduced to \$20 for 2nd tier and \$40 for 3rd tier.



The table below summarizes plan impact for families regarding the scripts benefit in 2009:

Script Count, per Family	Number of Families	Number of Scripts	Avg. # of Scripts per Patient	Avg. Net Payment per Script	Net Payments For All Scripts
0 - 75	127,186	2,176,529	11.77	\$57.04	\$124,140,766.00
over 75	1,721	163,366	43.45	\$69.08	\$11,285,912.68
Total	128,907	2,339,895	12.40	\$57.88	\$135,426,678.68

Prescription Drug Utilization *(continued)*

The following details the type of prescription filled, the percent that were generic, and the generic efficiency rate for the most recent rolling year. Based on paid claims..

Time Period	Generic	Brand Name, Generic Available	Brand Name	Other*	Total	Scripts Rx % Generic	Scripts Generic Efficiency Rx
Jul-08	295,410	22,358	136,098	11,396	465,262	63.49%	92.96%
Aug-08	237,687	17,092	109,759	9,668	374,206	63.52%	93.29%
Sep-08	307,694	21,838	140,468	12,826	482,826	63.73%	93.37%
Oct-08	250,623	16,176	113,160	10,843	390,802	64.13%	93.94%
Nov-08	262,869	16,907	117,154	11,722	408,652	64.33%	93.96%
Dec-08	317,969	20,681	140,807	14,733	494,190	64.34%	93.89%
Jan-09	256,121	16,599	107,931	13,483	394,134	64.98%	93.91%
Feb-09	255,511	16,826	105,161	12,374	389,872	65.54%	93.82%
Mar-09	342,494	22,434	139,421	18,919	523,268	65.45%	93.85%
Apr-09	258,943	18,077	103,279	13,777	394,076	65.71%	93.47%
May-09	253,820	17,876	100,620	13,721	386,037	65.75%	93.42%
Jun-09	324,100	19,949	131,387	17,292	492,728	65.78%	94.20%

**Includes: Over the Counter (usually items such as diabetic supplies, syringes, and test strips, etc.), Other/Unavailable or Missing (Unable to tag to a specific group).*

Prescription Drug Utilization *(continued)*

The following details the number of members and patients **utilizing prescription benefits** and the associated costs for the most recent rolling year. Based on Incurred Claims.

Month	Members	Patients	Scripts	Scripts Per Member	Scripts Per Patient	Allow Amt* Per Script	Net Pay Per Script	Member Cost Per Script	Patient Cost Per Script
Apr-08	250,726	160,003	417,454	1.66	3.06	\$66.27	\$56.33	\$16.08	\$25.20
May-08	250,638	159,667	425,426	1.69	3.12	\$65.98	\$56.13	\$16.36	\$25.68
Jun-08	251,013	158,032	407,820	1.61	3.07	\$67.43	\$57.62	\$15.63	\$24.82
Jul-08	250,723	160,438	416,004	1.65	3.13	\$68.60	\$58.87	\$15.87	\$24.80
Aug-08	247,839	158,346	408,583	1.64	3.07	\$69.25	\$59.64	\$15.62	\$24.45
Sep-08	248,988	159,362	419,369	1.67	3.10	\$69.08	\$59.59	\$15.77	\$24.64
Oct-08	253,082	167,254	437,476	1.72	3.16	\$71.07	\$61.65	\$16.04	\$24.27
Nov-08	253,585	163,554	415,975	1.63	3.03	\$70.09	\$60.79	\$15.05	\$23.33
Dec-08	253,977	164,223	461,758	1.81	3.26	\$71.41	\$62.23	\$16.49	\$25.50
Jan-09	254,765	159,482	415,418	1.62	3.05	\$70.91	\$57.72	\$18.42	\$29.42
Feb-09	255,234	161,421	406,584	1.58	2.96	\$70.85	\$58.04	\$17.72	\$28.03
Mar-09	255,967	170,601	462,536	1.79	3.15	\$70.60	\$58.14	\$20.02	\$30.04

**"Allow Amt" is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.*

Prescription Drug Utilization *(continued)*

The following Top 25 Drug Analysis is based on Rx claims incurred Jan-Mar 2009

Rank	Prev Rank	Product Name	Brand/Generic	Therapeutic Classes	Net Pay Rx	Net Pay Rx as % of All Drugs	Scripts Rx	Net Pay Per Day Supply Rx	Patients Rx
1	1	NEXIUM	Single source brand	Gastrointestinal Drugs	\$2,456,805	3.30%	13,267	\$5.10	6,338
2	2	CRESTOR	Single source brand	Cardiovascular Agents	\$1,589,800	2.13%	15,079	\$2.84	7,391
3	3	SINGULAIR	Single source brand	Unclassified Agents	\$1,548,515	2.08%	15,142	\$2.86	7,862
4	4	TOPAMAX	Multisource generic	Central Nervous System	\$1,500,847	2.02%	4,952	\$8.87	2,418
5	5	ENBREL	Single source brand	Unclassified Agents	\$1,300,811	1.75%	623	\$59.28	324
6	6	HUMIRA	Single source brand	Immunosuppressants	\$1,227,170	1.65%	559	\$61.37	273
7	7	EFFEXOR-XR	Single source brand	Central Nervous System	\$1,222,391	1.64%	7,861	\$4.45	3,454
8	8	PLAVIX	Multisource brand, generic	Blood Form/Coagul Agents	\$1,173,662	1.58%	8,198	\$3.87	3,702
9	9	CYMBALTA	Single source brand	Central Nervous System	\$1,124,944	1.51%	7,668	\$4.29	3,485
10	10	ACTOS	Single source brand	Hormones & Synthetic Subst	\$1,051,395	1.41%	5,324	\$5.32	2,504
11	11	PANTOPRAZOLE SODIUM	Single source generic	Gastrointestinal Drugs	\$971,243	1.30%	8,348	\$3.28	4,026
12	13	LIPITOR	Single source brand	Cardiovascular Agents	\$910,781	1.22%	8,210	\$2.92	4,043
13	12	PREVACID	Single source brand	Gastrointestinal Drugs	\$875,048	1.18%	5,073	\$4.59	2,816
14	14	TRICOR	Single source brand	Cardiovascular Agents	\$768,895	1.03%	7,098	\$2.88	3,451
15	17	LEVAQUIN	Single source brand	Anti-Infective Agents	\$767,284	1.03%	7,016	\$12.81	6,277
16	18	COPAXONE	Single source brand	Unclassified Agents	\$744,873	1.00%	253	\$75.01	125
17	16	LEXAPRO	Multisource generic	Central Nervous System	\$742,973	1.00%	9,228	\$2.32	4,462
18	15	OMEPRAZOLE	Single source brand	Gastrointestinal Drugs	\$720,087	0.97%	20,969	\$0.97	11,546
19	19	ABILIFY	Single source brand	Central Nervous System	\$624,250	0.84%	1,424	\$13.05	748
20	22	BETASERON	Single source brand	Antineoplastic Agents	\$594,951	0.80%	184	\$77.27	97
21	21	ADVAIR DISKUS 250/50	Single source brand	Hormones & Synthetic Subst	\$583,355	0.78%	3,032	\$5.50	1,986
22	20	CELEBREX	Single source brand	Central Nervous System	\$581,512	0.78%	3,941	\$3.96	2,092
23	23	JANUVIA	Single source brand	Hormones & Synthetic Subst	\$560,859	0.75%	3,175	\$4.90	1,460
24	24	LYRICA	Single source brand	Central Nervous System	\$526,449	0.71%	3,573	\$4.57	1,709
25	25	VALTREX	Multisource brand, generic	Anti-Infective Agents	\$497,158	0.67%	2,398	\$8.00	1,435

*"Product Name" includes all strengths/formulations of a drug

Prescription Drug Utilization *(continued)*

In summary, the top 25 drugs represent 12.66% of total scripts and 33.12% of total Rx expenditures..

Summary	Net Pay Rx	Scripts Rx	Days Supply Rx
Top Drugs	\$24,666,058	162,595	5,633,740
All Product Names	\$74,468,111	1,284,538	36,959,445
Top Drugs as Pct of All Drugs	33.12%	12.66%	15.24%

Utilization

The top 25 clinical conditions based on incurred claims for Jan-Mar 2009.

Rank	Prev Rank	Clinical Condition	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER	Patients Med	Net Pay Per Pat Med
1	1	Signs/Symptoms/Oth Cond, NEC	\$13,174,874	\$2,260,709	\$10,724,542	2.38	8.54	355.73	12.65	28,623	\$460.29
2	2	Coronary Artery Disease	\$10,276,073	\$6,205,394	\$4,070,350	4.6	3.64	64.2	2.54	3,585	\$2,866.41
3	3	Prevent/Admin Hlth Encounters	\$9,755,543	\$54,582	\$9,684,338	0.05	21	585.09	0.47	42,854	\$227.65
4	4	Gastroint Disord, NEC	\$8,936,174	\$1,507,717	\$7,427,113	2.13	4.06	163.33	18.76	12,280	\$727.70
5	5	Osteoarthritis	\$8,927,089	\$5,695,858	\$3,218,575	3.76	3.1	205.34	0.72	8,372	\$1,066.30
6	6	Respiratory Disord, NEC	\$8,575,977	\$2,173,086	\$6,399,333	1.38	3.62	119.23	12.82	10,353	\$828.36
7	7	Arthropathies/Joint Disord NEC	\$6,165,777	\$493,985	\$5,665,346	0.59	3.26	427.2	6.15	17,867	\$345.09
8	8	Spinal/Back Disord, Low Back	\$6,084,692	\$1,690,923	\$4,378,527	1	3.16	586.27	5.97	13,210	\$460.61
9	9	Pregnancy w Vaginal Delivery	\$4,890,681	\$4,869,390	\$21,291	6.27	2.42	0.4	0.02	702	\$6,966.78
10	10	Cardiovasc Disord, NEC	\$4,788,764	\$1,026,740	\$3,761,661	1.84	2.9	64.06	8.81	5,188	\$923.05
11	17	Condition Rel to Tx - Med/Surg	\$4,645,887	\$3,748,130	\$896,780	2.32	6.23	9.41	1.85	1,015	\$4,577.23
12	15	Infections - ENT Ex Otitis Med	\$4,565,235	\$98,521	\$4,466,262	0.44	2.21	793.72	10.78	43,221	\$105.63
13	11	Spinal/Back Disord, Ex Low	\$4,548,636	\$1,066,832	\$3,477,652	0.42	3.7	604.89	2.69	11,188	\$406.56
14	12	Cancer - Breast	\$4,303,224	\$233,068	\$4,069,854	0.44	2.86	46.48	0.03	1,393	\$3,089.18
15	14	Renal Function Failure	\$4,179,224	\$682,735	\$3,440,957	0.53	5.47	15.57	0.39	1,045	\$3,999.26
16	16	Cholecystitis/Cholelithiasis	\$4,080,257	\$1,326,792	\$2,753,438	1.7	3.65	7.59	1.85	834	\$4,892.39
17	13	Newborns, w/wo Complication	\$3,714,163	\$3,441,506	\$269,661	9.44	3.53	5.27	0.12	877	\$4,235.08
18	18	Chemotherapy Encounters	\$3,622,474	\$703,864	\$2,918,456	0.56	4	1.49	0	211	\$17,168.12
19	19	Infec/Inflam - Skin/Subcu Tiss	\$2,843,805	\$700,585	\$2,141,025	1.49	4.33	239.11	4.45	12,953	\$219.55
20	21	Gynecological Disord, NEC	\$2,832,469	\$298,767	\$2,533,702	0.45	2.31	93.5	1.45	7,429	\$381.27
21	23	Hypertension, Essential	\$2,769,611	\$445,916	\$2,317,862	0.67	3.95	321.1	1.99	20,017	\$138.36
22	20	ENT Disorders, NEC	\$2,748,667	\$109,264	\$2,638,864	0.16	3.3	643.27	2.55	15,017	\$183.04
23	24	Diabetes	\$2,563,852	\$466,752	\$2,087,757	0.9	3.67	207.11	1.49	11,735	\$218.48
24	-	Urinary Tract Calculus	\$2,454,288	\$262,972	\$2,190,720	0.68	2.16	16.44	3.72	1,107	\$2,217.06
25	22	Cardiac Arrhythmias	\$2,450,529	\$928,496	\$1,521,885	1.23	2.91	43.3	2.1	2,292	\$1,069.17

NOTE: Medical payments represent only the payments made for the specified condition.

Utilization *(continued)*

In Summary, the top clinical conditions represent more than 58.00% of total paid claims for all clinical conditions.

Summary	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER
Top Clinical Conditions	\$133,897,963	\$40,492,584	\$93,075,950	45.43	3.76	5,619.14	104.36
All Clinical Conditions	\$230,867,238	\$69,035,317	\$161,260,104	87.07	4.04	8,638.15	217.61
Top Clinical Conditions as Pct of All Clinical Conditions	58.00%	58.65%	57.72%	52.17%	93.07%	65.05%	47.96%

Claims Lag Analysis

The following claims lag information is based on medical claims (does not include Rx) incurred Jan-Mar 2009.

Plan	Number of Medical Claims	Avg Days Lag Per Claim	% Claims Paid Within 30 Days	% Claims Paid Within 60 Days	% Claims Paid Within 90 Days
Commonwealth Enhanced	480	36.3	53.13%	75.00%	94.17%
Commonwealth Essential	4	5	100.00%	100.00%	100.00%
Commonwealth Premier	801	28.4	71.66%	88.01%	93.51%
Commonwealth Select	45	69.6	11.11%	42.22%	80.00%
Capitol Choice	252,447	15.7	87.69%	96.31%	98.56%
Maximum Choice	108,392	16.4	86.93%	95.14%	98.01%
Optimum PPO	1,669,588	16.7	85.87%	95.22%	98.52%
Standard PPO	31,502	20.2	80.15%	92.31%	97.46%
~Missing*	5,307	31.2	60.11%	85.81%	95.36%
All Plans	2,068,566	16.7	85.98%	95.28%	98.47%

**Missing means the claims could not be tagged to a specific plan.*

Claims Lag Analysis *(continued)*

The following claims lag information is based on all claims (**Medical and Rx**) incurred and paid during the most recent rolling year.

	Month Paid					
Service Month	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08
Apr-08	\$2,600,917.18	\$930,782.15	\$286,852.96	\$414,762.68	\$174,008.43	\$220,586.72
May-08	\$6,894,473.55	\$2,864,931.85	\$1,809,996.85	\$233,856.60	\$580,790.25	\$234,693.90
Jun-08	\$41,785,913.00	\$6,699,728.82	\$2,511,523.95	\$1,211,166.22	\$592,141.04	\$253,084.96
Jul-08	\$56,414,161.41	\$42,449,768.46	\$7,010,458.66	\$2,132,261.09	\$1,126,985.45	\$465,777.06
Aug-08	N/A	\$52,905,770.31	\$37,520,761.76	\$6,344,306.42	\$2,487,535.61	\$777,896.52
Sep-08	N/A	N/A	\$54,044,948.94	\$36,484,852.22	\$5,970,837.05	\$3,405,695.43
Oct-08	N/A	N/A	N/A	\$59,681,478.23	\$39,229,728.34	\$9,039,116.09
Nov-08	N/A	N/A	N/A	N/A	\$51,621,918.61	\$37,151,927.98
Dec-08	N/A	N/A	N/A	N/A	N/A	\$58,578,162.24
Jan-09	N/A	N/A	N/A	N/A	N/A	N/A
Feb-09	N/A	N/A	N/A	N/A	N/A	N/A
Mar-09	N/A	N/A	N/A	N/A	N/A	N/A

	Month Paid					
Month Incurred	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09
Apr-08	(\$2,769.73)	(\$18,966.51)	\$54,995.46	\$476.77	(\$108,608.17)	\$47,942.73
May-08	\$64,302.70	\$144,112.35	\$76,584.85	\$54,395.50	\$88,854.61	\$103,584.38
Jun-08	\$89,764.28	\$305,887.73	\$58,831.77	\$52,788.86	\$29,993.75	\$67,083.61
Jul-08	\$257,498.23	\$400,792.61	\$35,673.76	\$71,418.16	(\$212,269.51)	(\$104.76)
Aug-08	\$919,886.90	\$375,143.91	\$521,731.21	\$345,233.65	\$158,736.39	\$28,773.33
Sep-08	\$1,091,298.33	\$510,353.49	\$153,322.71	\$330,763.67	\$131,573.66	\$115,081.16
Oct-08	\$2,707,894.14	\$1,866,107.50	\$906,079.69	\$1,292,776.26	\$337,272.97	\$146,680.84
Nov-08	\$9,187,402.01	\$3,390,401.92	\$1,275,266.72	\$722,632.21	\$231,705.90	\$155,966.86
Dec-08	\$43,254,717.57	\$9,022,659.66	\$2,221,485.30	\$1,774,533.05	\$467,075.90	\$434,738.87
Jan-09	\$51,123,334.57	\$35,914,337.01	\$6,825,284.71	\$2,618,893.64	\$1,095,903.87	\$967,965.92
Feb-09	N/A	\$50,494,225.14	\$37,683,975.33	\$5,857,474.36	\$2,335,048.69	\$755,743.70
Mar-09	N/A	N/A	\$62,805,356.22	\$37,708,122.31	\$5,957,587.88	\$3,192,095.40

Claims Distribution Based on Age/Gender

The following is based on claims incurred Jan-Mar 2009.

	Female			Male		
Age Group	Members Avg	Net Pay Med and Rx	Net Pay Per Member	Members Avg	Net Pay Med and Rx	Net Pay Per Member
Ages < 1	1,236	\$3,072,787.35	\$2,486.07	1,266	\$3,820,529.16	\$3,018.51
Ages 1-4	5,226	\$2,241,664.92	\$428.92	5,399	\$2,306,006.61	\$427.12
Ages 5-9	7,025	\$2,096,533.47	\$298.43	7,340	\$2,433,826.53	\$331.58
Ages 10-14	7,784	\$3,153,551.59	\$405.15	8,167	\$3,477,086.51	\$425.76
Ages 15-17	5,037	\$2,837,602.46	\$563.35	5,369	\$2,359,741.37	\$439.54
Ages 18-19	3,422	\$1,926,226.79	\$562.90	3,432	\$1,341,063.45	\$390.75
Ages 20-24	7,164	\$4,548,837.89	\$634.93	6,058	\$2,264,734.69	\$373.86
Ages 25-29	8,752	\$7,883,717.70	\$900.79	4,273	\$2,441,711.13	\$571.39
Ages 30-34	9,451	\$10,339,062.69	\$1,093.96	5,096	\$2,952,918.07	\$579.42
Ages 35-39	11,523	\$11,732,983.86	\$1,018.25	6,090	\$4,381,378.16	\$719.44
Ages 40-44	12,306	\$14,138,328.60	\$1,148.87	6,676	\$6,059,397.92	\$907.68
Ages 45-49	14,988	\$20,465,664.51	\$1,365.50	8,246	\$9,944,168.33	\$1,205.89
Ages 50-54	18,241	\$29,564,980.11	\$1,620.80	10,559	\$15,664,913.12	\$1,483.56
Ages 55-59	20,581	\$36,221,174.31	\$1,759.96	13,048	\$24,060,114.79	\$1,843.97
Ages 60-64	17,924	\$36,687,726.51	\$2,046.82	12,105	\$26,496,227.53	\$2,188.87
Ages 65-74	1,936	\$4,405,009.72	\$2,274.96	1,396	\$4,015,678.90	\$2,876.56

Allowed Amount Distribution

The following table shows the distribution of members for whom the amounts of charges within the specified ranges were allowed. The data appears for the years of 2005, 2006, 2007, 2008 and year to date for 2009.

Allowed Amount	2005	2006	2007	2008	2009
less than 0.00	90	9	14	18	0
\$0.00 - \$499.99	50,002	54,058	53,878	53,562	104,109
\$500.00 - \$999.99	29,232	32,931	33,828	34,121	39,510
\$1,000.00 - \$1,999.99	35,407	40,360	42,458	42,297	30,463
\$2,000.00 - \$4,999.99	47,471	54,430	56,813	58,535	22,032
\$5,000.00 - \$9,999.99	26,210	30,373	32,271	34,407	7,698
\$10,000.00 - \$14,999.99	9,138	10,608	11,965	13,241	2,377
\$15,000.00 - \$19,999.99	4,055	4,726	5,469	6,349	1,077
\$20,000.00 - \$29,999.99	3,539	4,284	5,059	5,924	994
\$30,000.00 - \$49,999.99	2,312	2,844	3,277	3,839	677
\$50,000.00 - \$74,999.99	932	1,090	1,309	1,485	287
\$75,000.00 - \$99,999.99	390	465	536	598	97
\$100,000.00 - \$149,999.99	299	354	406	497	85
\$150,000.00 - \$199,999.99	116	117	160	196	22
\$200,000.00 - \$249,999.99	57	60	82	80	8
over \$249,999.99	74	99	127	155	11
Total	209,324	236,808	247,652	255,304	209,447

Summary of Enrollment and Claims

The following provides a summary of members, incurred medical claims, and incurred Rx claims for the most recent rolling year.

Time Period	Members	Net Pay Med and Rx	Net Pay Med	Net Pay Rx	Claims Paid	Claims Paid Med	Scripts Rx
Apr 2008	250,726	\$101,350,825.04	\$77,834,367.84	\$23,516,457.20	734,686	309,938	417,454
May 2008	250,638	\$101,199,320.13	\$77,319,958.74	\$23,879,361.39	731,058	298,008	425,426
Jun 2008	251,013	\$104,742,455.88	\$81,243,602.49	\$23,498,853.39	722,757	307,574	407,820
Jul 2008	250,723	\$110,152,420.62	\$85,662,532.20	\$24,489,888.42	752,736	328,922	416,004
Aug 2008	247,839	\$102,385,776.01	\$78,019,306.23	\$24,366,469.78	712,047	295,419	408,583
Sep 2008	248,988	\$102,238,726.66	\$77,250,461.56	\$24,988,265.10	729,243	301,741	419,369
Oct 2008	253,082	\$115,207,134.06	\$88,235,110.79	\$26,972,023.27	790,930	344,843	437,476
Nov 2008	253,585	\$103,737,222.21	\$78,451,544.37	\$25,285,677.84	724,193	300,308	415,975
Dec 2008	253,977	\$115,753,372.59	\$87,020,377.25	\$28,732,995.34	782,929	312,248	461,758
Jan 2009	254,765	\$98,545,719.72	\$74,569,531.79	\$23,976,187.93	711,151	285,532	415,418
Feb 2009	255,234	\$97,126,467.22	\$73,527,378.00	\$23,599,089.22	715,784	300,410	406,584
Mar 2009	255,967	\$109,663,161.81	\$82,770,328.28	\$26,892,833.53	812,283	339,469	462,536

NOTE: Includes run out data from all Carriers

The following illustrates the change in incurred claims (includes medical and Rx) by rolling year.

Time Period	Members	Total Medical and Rx Claims	Total Medical Claims	Total Rx Claims
Apr 2007 - Mar 2008	246,785	1,143,849,836	\$872,053,214	\$271,796,622
Apr 2008 - Mar 2009	253,712	1,270,656,182	\$970,430,120	\$300,226,062
% Change (Roll Yrs)	2.80%	11.10%	11.30%	10.50%